

THE TIMES AND REGISTER.

A Weekly Journal of Medicine and Surgery.

Published under the auspices of the American Medical Press Association.

WILLIAM F. WAUGH, A.M., M.D., Managing Editor.

Philadelphia Medical Times.
Vol. XX. No. 572.

The Dietetic Gazette.
American Medical Digest.

The Polyclinic.

The Medical Register.
Vol. VI. No. 138.

Yearly Subscription
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SEE "MERCK'S INDEX," PAGES 106 AND 167

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Notes and Items.

DR. GUILFORD'S work on orthodontia is now in preparation, and will be out in time for the opening of the college year. The book will be amply illustrated, and reach upward of two hundred pages. From examination of advance sheets we can heartily recommend it to students and practitioners.

—*International Dental Journal.*

SULFONAL.—The price of this valuable hypnotic has recently been greatly reduced. This will be good news to physicians compelled to keep their own stock of medicines. The uncertainty of remuneration often renders it practically impossible to furnish the indigent and those in moderate circumstances with high-priced medicines.

GONORRHOEA AS A CAUSATIVE FACTOR IN SOME OF THE MORE COMMON DISEASES OF WOMEN.—Acute gonorrhœa in the female, according to Dr. Cullingworth, of St. Thomas's Hospital, consists mainly in an inflammation of the cervical mucous membrane associated with an eroded condition of the lips of the meatus. It is this liability of the cervix to infection which gives the serious character to the disease, as from this new center the gonococci penetrate to the internal genitalia. Pyo-salpinx, which he claims is generally of gonorrhœal origin, sterility, and recurrent attacks of pelvic peritonitis are the

troublesome sequellæ of this unfortunate accident. As a means of treatment he recommends applications of strong carbolic acid to the cervix and cervical canal, and the wiping out of the whole vaginal surface with pledgets of cotton-wool saturated with a 1 to 1000 solution of corrosive sublimate.

—*British Medical Journal*, July 20.

F. A. DAVIS, of Philadelphia, has in press a new work on the "Practical Applications of Electricity in Medicine and Surgery," by Dr. G. A. Diebig, Jr., of Johns Hopkins University, and Prof. George H. Rohé, of the College of Physicians and Surgeons, of Baltimore.

The part on Physical Electricity, written by Dr. Liebig, one of the recognized authorities on the science in the United States, will treat fully such topics of interest as storage batteries, dynamos, the electric light, and the principles and practice of electrical measurement in their relations to medical practice.

Prof. Rohé, who writes on electro-therapeutics, discusses at length the recent developments of electricity in the treatment of stricture, enlarged prostate, uterine fibroids, pelvic cellulitis, and other diseases of the male and female genito-urinary organs.

The applications of electricity in dermatology, as well as in the diseases of the nervous system, are also fully considered.

The work will be fully illustrated by engravings and original diagrams.

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Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just concluded a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

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Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the cocaine has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where

the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits; in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

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Under the name of FEBRICIDE we offer to the Medical Profession, in the form of pills, **a complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power.**

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In the dose of one or two pills, three times a day, "Febicide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febicide" in the highest terms to the Medical Faculty.

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Dr. A. J. Rogers, Juniata, Neb., writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with *Rheumatism and Hyperaesthesia* which was very general, and also with *Asthma*, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, *Rheumatism and Acute Sensitiveness were no more*, and she has not felt anything of them since.

Dr. J. A. Brackett, of Pembroke, Va.: "I have used Febicide in case of childbed fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using *Febicide* the change was like magic."

Dr. C. E. Dupont, of Grahamville, S. C.: "*Febicide* has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxæmia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

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Natrolithic Salt is the solid constituent of the Natrolithic Water, and contains: Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. *For Habitual Constipation, Rheumatic and Gouty Affections, Biliousness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.*

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I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully,

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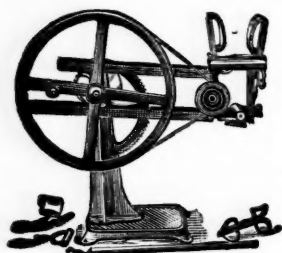
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FORTY-NINTH SESSION, 1889-90.

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Physician to Bellevue Hospital, and to Emergency
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Professor of Anatomy.
STEPHEN SMITH, M.D.,
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CHAS. E. QUIMBY, M.D.,
Assistant Professor of Practice of Medicine.
J. CLIFTON EDGAR, M.D.,
Adjunct Professor of Obstetrics.

THE PRELIMINARY SESSION will begin on Wednesday, September 25, 1889, and end October 1, 1889. It will be conducted on the same plan as the Regular Winter Session.

THE REGULAR WINTER SESSION will begin October 2, 1889, and end about March, 1890. The plan of instruction consists of Didactic and Clinical Lectures, recitations and laboratory work in all subjects in which it is practicable.

LABORATORIES AND SECTION TEACHING.—The complete remodelling of the College building, and the addition of the new "Loomis Laboratory" will afford greatly increased laboratory accommodations in the departments of Biology, Pathology, Physiology, Chemistry, and Physics. A new amphitheater and a new lecture room have been provided, as well as adequate facilities for Section teaching, in which the material from the College Dispensary will be utilized.

Two to five Didactic Lectures and two or more Clinical Lectures will be given each day by members of the Faculty. In addition to the ordinary clinics, *special clinical instruction*, WITHOUT ADDITIONAL EXPENSE, will be given to the candidates for graduation during the latter part of the Regular Session. For this purpose the candidates will be divided into sections of twenty-five members each. All who desire to avail themselves of this valuable privilege must give in their names to the Dean during the first week. At these special clinics students will have excellent opportunities to make and verify diagnoses, and watch the effects of treatment. They will be held in the Wards of the Hospitals, and at the Public and College Dispensaries.

Each of the seven Professors of the Regular Faculty, or his assistant, will conduct a recitation on his subject one evening each week. Students are thus enabled to make up for lost lectures, and prepare themselves properly for their final examinations without additional expense.

THE SPRING SESSION will begin about the middle of March and end the last week in May. The daily Clinics and Special Practical Courses will be the same as in the Winter Session, and there will be Lectures on Special Subjects by Members of the Faculty.

It is supplementary to the Regular Winter Session. Nine months of instruction are thus secured to all students of the University who desire a thorough course.

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For course of Lectures	\$140 00
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Demonstrator's Fee, including material for dissection	10 00
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		CHLORIDE of SODIUM added . . .	$\frac{1}{2}$ "		
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		MOISTURE	3 "		

Lacto-Preparata is not designed to replace our **Soluble Food** but is better adapted for Infants up to eight months of age.

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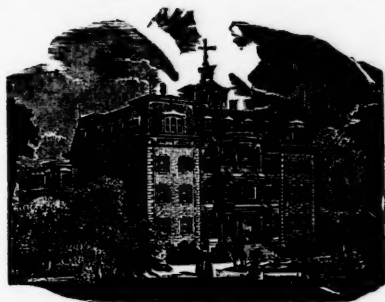
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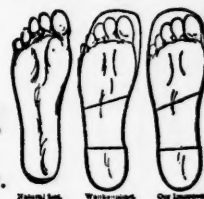
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
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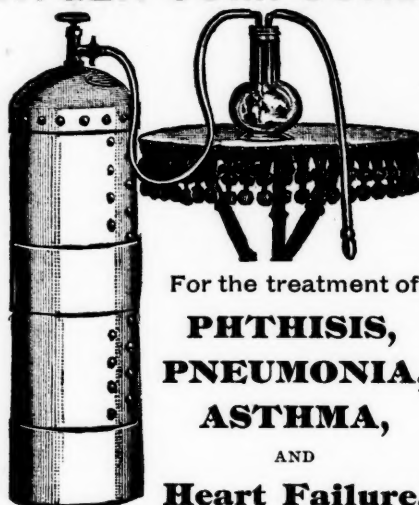
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Vol. XX, No. 572.

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The Medical Register.
Vol. VI, No. 138.

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Original Articles.

CLINICAL OBSERVATIONS

ON SOME OF THE EFFECTS OF DIRECT AND INDIRECT TRAUMATISMS OF THE BRAIN.

(A paper read before the Second Annual Meeting of the National Association of Railroad Surgeons, held at St. Louis, Mo., May 2 and 3, 1889.)

By R. HARVEY REED, M.D.,
MANSFIELD, OHIO.

Surgeon B. and O. R. R., Member American Medical Association, American Public Health Association, British Medical Association, etc.

CASE I.—William McB., aged twenty-three, a farmer. Was always an unusually strong, healthy lad, and with the exception of an occasional attack of indigestion, was never ill.

In the fall of 1879 he fell backward off a shed, falling some ten feet, and striking the ground with his head, causing a slight depression of the skull over the right coronal suture, commencing close to the sagittal suture and extending outward about an inch. He received no surgical attention, and soon recovered, being able to be out the following day, and apparently suffering no special inconvenience from the fall.

In the fall of 1882, while helping to haul some logs, he was kicked by a horse, whose feet struck him on the shoulder and side of the neck, which threw him under a heavy log-wagon, loaded with five logs averaging a foot in diameter and fifteen feet in length. A front and hind wheel of the wagon ran over him just across the hips as he lay with his face on the ground. From this accident he received little

or no injury outside of a few bruises, from which he soon recovered, excepting a little soreness along the track of the wheels.

In February, 1886, he contracted mumps, which metastasised to the testicles, from the effects of which he suffered considerably.

In the spring of 1887, he contracted rubeola, and became quite sick with more than the usual amount of lung symptoms, and complained of a great deal of soreness across his chest, and he never felt as strong physically afterwards.

In August, 1887, he came home from school feeling ill, and continued to decline in health for about a month, when he became so debilitated as to get what his parents called "fainting spells," after which he recovered sufficiently to ride to the city, a distance of five miles, where he consulted Dr. J. W. Craig, who discovered a swollen condition of the left testicle, which he strapped and gave the young man a tonic. The testicle, however, subsequently suppurated and had to be lanced twice.

About the first of November, 1887, he returned to school, feeling much improved in his general health, which continued until about February 1, 1888, when it began to fail him, and a general muscular weakness was complained of. This increased until he found it necessary to call in a physician, where he was attending school, who put him on a general treatment for nervous prostration.

Notwithstanding this, he gradually grew weaker and weaker, until he was obliged to leave school and return home February 17, 1888. The writer was

called to see him Feb. 25, 1888, and found him suffering from great muscular weakness, which seemed to be general.

His temperature was normal, pulse 80, but rather weak; slight soreness complained of over abdomen and chest; other than that no pain was complained of. Respiration was normal, and the respiratory murmur could be distinctly heard over both lungs, which were normally resonant on percussion. There was no tympanitis, and the urine was normal, with the exception of the presence of large quantities of earthy phosphate and indican, as the following analysis shows: Sp. gravity, 1022; acid reaction; no albumen; no sugar; large quantities of earthy phosphates; indican in considerable quantities.

Microscopical.—Nothing of importance except large quantities of amorphous urates.

Bowels alternated from slight diarrhoea to constipation; pupils were normal; light did not affect the eyes; no headache, but mind slightly wandering, and there was a distinct impediment in his speech.

I saw him again on February 27. The difficulty in articulation had increased until there was almost complete aphasia, with great languor and drowsiness.

His appetite was poor, he would drink some milk and take a little broth when urged by his nurse. He complained of some pain over lower portion of right lung, and some tenderness over the bowels, which were kept open with an occasional dose of *hyd. cum creta*. From this time on the aphasia and muttering delirium increased. The latter, however, frequently alternated with an exceedingly noisy and occasionally boisterous condition, which had to be controlled with opium in full doses.

The tongue was dry and furred brown; pulse slow and irregular; temperature only slightly above normal, and some abnormal dilatation of the right pupil.

On February 29, Dr. J. W. Craig saw him in counsel with the writer, at which time his condition had become worse, and prospects of recovery very doubtful. The treatment during this time consisted in alteratives, with opium, salicin, and pure pepsin, with liquid nourishment in the form of milk and beef essence, the latter made fresh each day with an extractor. His condition gradually grew worse until he passed into a comatose state just before his death, which took place on March 3, 1888.

The post-mortem was held thirty-four hours after death in the presence of Dr. J. W. Craig, Dr. J. Harvey Craig and Dr. Frank McBride.

Rigor mortis was very marked. A slight depression was found in the skull, commencing near the sagittal suture on the right side, and extending about an inch along the line of the coronal suture. Removed calvarium and found some thickening of the skull and periosteum immediately under the external depression; found the dura mater congested, and tubercular degeneration of the pia-mater extending along the posterior portion of the right hemisphere from a point just anterior to the fissure of Rolando, and extending posteriorly to near the cerebellum, in close proximity to the median fissure; this tuberculous patch was from one-half to an inch in width, and about five inches in length. A patch of the same

was found on the left side, commencing at about the same place, and extending posteriorly about two inches, and from a fourth to an inch in width.

The optic commissure was surrounded with organized lymph, having the appearance of white grape jelly, with a fine net-work of bloodvessels running through it, of which there was more on the right side than on the left. Just posterior to the lower portion of the fourth ventricle, and almost immediately opposite to the calamus scriptorius in the anterior portion of the arbor vitæ of the left cerebellum was found a blood clot about the size of a coffee bean, which was apparently of recent origin, yet of sufficient age to show signs of incipient softening, while the brain substance around it was beginning to undergo destructive degeneration.

The ventricles of the brain were filled with effusion, especially the lateral ventricles. The pons was very much hardened, almost as if it had been in alcohol. Extending in all directions from the blood clot, the brain was softened; the white substance having a yellowish appearance, which gradually faded out into the normal white, near the periphery of the white substance in both lobes of the cerebellum.

The pituitary body, corpora albicantia, tuber cinereum, optic thalamus, corpus striatum, corpora quadrigemina, and pineal gland, were all softened and degenerated, which softening extended out along the fissure of Sylvius, and involved the Island of Reil, especially on the left side.

On examining the thorax we found the pericardium firmly adherent to the sternum and the surrounding lung tissue, while both the lungs were completely adherent to the costal pleura and the diaphragm by the tubercular adhesion, although the lung substance itself was not tuberculous, but, on the contrary, with the exception of a little recent congestion, apparently normal.

The heart was normal in size and general appearance. On examining the abdominal viscera we found the omentum was as thin as a piece of brown paper, and was not only adherent to the parietes, but also to the visceral peritoneum.

The large and small intestines, spleen, pancreas, liver, bladder, and even the diaphragm, were all completely and firmly adherent to each other by old tubercular adhesions, that were almost impossible to separate.

The kidneys were slightly congested, but otherwise normal, as was also the bladder, which contained a quantity of urine. On opening the stomach and bowels they presented the normal appearance. The left testicle had undergone degeneration, and was atrophied to at least one-third its normal size.

CASE II.—On February 29, 1888, I was called to see Mr. J. McK., aged seventy, a farmer, who gave me the following history:

January 1, 1887, he was as well as he ever was, so far as he knew. On January 31, of the same year, he was taken with pain on the right side over the region of the liver, which lasted three or four weeks. After a few weeks remission, he was taken ill again (about the last week of April) with a severe pain in his head with "dizzy spells;" when this pain across the front

of the head was very severe he was troubled with nausea. Said he had been treated for pleurisy, "liver trouble," dyspepsia, and brain disease, and finally got a little better, but never fully recovered.

In August, of the same year, he commenced to get very short of breath, which difficulty had troubled him all summer, more or less. Never had any severe pain, except in his head. Never spit any blood. During this illness he called another physician, who pronounced his one lung "gone," and the other "going on the fly," and treated him accordingly. During the following November he had an abscess of the right testicle, since which time he said he had been failing more rapidly.

A third physician was called about this time, who pronounced his case one of malaria, and stuffed the old gentleman with anti-periodics for weeks without favorable results, after which he was "sidetracked" for an old quack, who lives up in the country a few miles. After diligently applying his "roots and herbs" for a season, he was dealt with after the manner of those who had preceded him, and, lastly, the author was called only a few days prior to his death.

When I found him, he complained of no pain in any place except in his head; his tongue was dry and red as a piece of beef. His appetite was poor, and he was not thirsty, only drank to wet his lips and tongue, and ate because he thought he ought; bowels never loose, but slightly constipated; stools light colored; urine scanty and rather high colored. Examined urine chemically, which revealed the following: Sp. gr., 1024; reaction acid; no sugar; no albumen; large quantities of earthy phosphates; indican in large quantities.

Microscopical Examination.—Nothing of importance except amorphous urates.

The patient was very much emaciated, and greatly prostrated, but his mind was clear and there was no trace of paralysis.

After examining the abdominal and thoracic viscera carefully, and finding everything substantially normal, with the above history, I was led to believe he had some organic brain disease, the exact nature of which I was uncertain of, but considered a grave prognosis in order, and so expressed myself to the friends.

With little else of interest other than above stated, he gradually grew weaker, and died March 7, 1888. The post-mortem was held fourteen hours after death. On examining the brain there was found to be general effusion throughout the sub-arachnoid spaces. A tumor was found attached to the choroid plexus on each side, and located just between the posterior portion of the thalamus opticus and the corpus fimbriatum.

The one on the left side was about the size of an ordinary hazel-nut, while the one on the right side approached the size of a small hickory-nut. These tumors were grayish in color, quite hard, and of a calcareous nature, undoubtedly having undergone calcareous degeneration subsequent to their acute stage, the lime salts having since filled the interstices of their fibrous capsules.

I sent the one tumor to Prof. Senn, of Milwaukee, for examination, who says: "I have examined the specimen sent me, and dissolved out about 33 per cent of the weight of tissue—phosphate of lime and carbonate of lime.

"Microscopically, stroma of connective tissue in various degrees of degeneration can be seen. I am inclined to believe, from the structure and the well-formed capsule, that it is an apoplectic cyst." The corpus collosum, corpus striatum, corpus fimbriatum, thalamus opticus, tænia semi-circularis, hippocampus major and minor, together with the fornix, corpora quadrigemina, and pineal gland, were all very much hardened, which condition gradually disappeared and became lost in the more normal condition of the brain near its periphery.

The medulla oblongata and pons varolii, and even the chord, shared in the hardening process already referred to. On examining the visceral organs, the lungs, heart, stomach, liver, kidneys, and bowels, were found in a normal condition, with the exception of a slight congestion of the liver, and the recent deposit of numerous tubercles over the hepatic capsule and along the intestinal tract.

CASE III.—Miss C., aged twenty-five, Green Valley, Ohio. The first time I examined her was during the summer of 1887, when she was under the care of Dr. W. W. Pennel, of Fredericktown, Ohio, who, being absent at the time of my visit, subsequently furnished me the following history:

She was taken very suddenly ill on July 6, 1886, with complete aphasia while at work in a very hot room. When seen a few hours after she had considerable fever; pulse 120; unable to articulate, but perfectly conscious; no difficulty in protruding the tongue; left pupil dilated. The patient was of a rheumatic diathesis, having suffered from rheumatic endocarditis of the left side of the heart, resulting in numerous vegetable growths, one of which, in the doctor's opinion, had been dislodged and found its way into the middle cerebral artery.

On July 7, 1887, her condition was much the same, with the addition of paralysis of the right arm and leg, but did not involve the face; had a disposition to act hysterically. Temperature 103° F., pulse 120, and respiration 24. From July 8 to 15, her condition gradually improved. She commenced to articulate a word or so, and with that the paralysis of the right arm and leg gradually improved. Her mind was perfectly clear, and on being interrogated, complained of tinnitus aurium. An ophthalmoscopic examination revealed a congested condition of the vessels of the retina. Her improvement was quite rapid, and on August 4, she visited the doctor at his office, at which time she could walk very well, and had tolerably good use of her right hand. She could articulate very distinctly, though she often made use of the wrong word.

All through her sickness she was annoyed with occasional attacks of articular rheumatism. In December, 1886, she was seized with chills, which recurred daily, followed by a fever which ranged from 103° to 104° F., with a pulse varying from 120 to 130.

At this time a noticeable increase of the paralysis

was observed, which only lasted a few days and then gradually declined, and never was a marked symptom after that. On percussion over the left temporal region she complained of pain, and often sharp pain, which was confined to the left side of the head. The tinnitus continued, with dilatation of the left pupil. The appetite was poor, emaciation marked, night sweats very debilitating, and not controlled even with atropine. The menses ceased, and constipation set in. At no time was there nausea or vomiting. There was often insomnia, but at all times perfect mental equilibrium. The chills, fever, sweats, tinnitus, scintillations in the left eye, with dilatation of pupil, remained to a greater or less extent until May, 1887, when she gradually rallied. The chills ceased, and also the perspiring. She gained flesh, and her menses were again established and became fairly regular but scanty.

The tinnitus, partial aphasia and incomplete paralysis of right side, dilatation of left pupil, and occasional pain in the left temple continued.

In August, 1887, the chills, fever, and sweats returned, and continued for several weeks. This was followed with another decline of the symptoms, but the patient afterwards made a gradual rally, and seemed to gain in every way except as above stated. Suddenly, however, on the morning of November 22, 1887, after having been unusually comfortable the day previous, a cerebral bloodvessel ruptured whilst she was asleep in bed, causing death in a few hours.

The author assisted Dr. Pennel in conducting a post-mortem a few hours after death, which revealed an abscess of the brain located in the anterior third of the left hemisphere. The abscess was about the size of a large turkey egg, and wholly imbedded in the white substance of the brain, and was believed to be the result of an embolus, which degeneratad into an abscess, destroying the coats of one of the branches of the left anterior cerebral artery, producing its rupture, and resulting in death.

One of the peculiarities of this case was the perfectly normal appearance of the entire brain, excepting just the part involved by the abscess, which was encased by firm walls of brain substance, completely circumscribing its boundaries. By request, the examination was not continued further, and the exact condition of the rest of the body will ever remain a mystery.

CASE IV.—William S., of Mansfield, O., aged thirty-one; day laborer. During the summer of 1885, I saw him for the first time in counsel with Dr. Craig, with reference to an operation for his relief, at which time we obtained a part of the following history of his case, which I completed a few days prior to his death:

In March, 1880, he was accidentally struck on the back of the head with a ballast pick, while engaged at work as a section hand on the Erie Railway, causing a depressed fracture of the skull a little to the right of the crown. The injury knocked him senseless for a few minutes, after which he got up and walked home, a distance of some two miles. A homœopath was called in, who volunteered to let nature and the injury fight it out between them.

The stroke of the pick cut the skin, which soon became swollen as large as a hen's egg. The injury only disabled him for two weeks, when he returned to work, and for the next five years he labored as hard as he ever did. During this time "conservative" surgeons would point to him with pride and call attention to the achievements of their skill.

During all this time, however, he complained of his neck and back part of his head hurting him more or less.

In February, 1885, he became partially insane, which condition lasted for about five weeks, when that condition improved and his mind got apparently well, which was followed with what the doctors called "rheumatic pains," which were confined to his feet and arms, but gave place about the following July to paralysis of the left arm and leg, which increased until both motor and sensory nerves were almost completely paralyzed. This condition lasted nearly four months, when he commenced to improve, and kept on convalescing until he gained fairly good health, and resumed work again. He was unable to do heavy labor, so went to peddling, which he continued until about the middle of April, 1888.

About this time he seemed to give out all over. He had no special pain, but seemed to be completely exhausted. His weakness was increased by the suppurating of some of the cervical glands on the left side of his neck. This was followed with shooting pains through his abdomen. On May 17, 1888, I was called to see him for the first time since 1885, when I completed the above, and learned that wise (?) counsel had advised him against permitting either Dr. Craig or myself making any operation for his relief—a measure we had advised at our first visit in 1885, but which, on the advice of a lot of "old granny" doctors had been refused.

I now found that my patient was beyond all hope of recovery, and gave it as my opinion that the injury to the skull had resulted in the destruction of a sufficient portion of the brain substance to cause such a degree of inanition as to result in tubercular degeneration and death.

At this time there was no paralysis, slight aphasia, no headache of any consequence, marked suppression of urine, diarrhœa, with symptoms of subacute suppurative peritonitis. Baring a stupid, listless condition, his mind was apparently clear; pulse 130, feeble and irregular; a low grade of fever; skin moist; tongue coated very heavy; pupils dilated; feet swollen, with some ascites. The abdomen was tender and painful to the touch.

Urinalysis, made May 18, 1888: Sp. gravity, 1018; no sugar; no albumen; large quantities of urates, and bile-coloring matter; indican present in large quantities.

Patient died May 22, 1888. Post-mortem held twenty-six hours after death. Rigor mortis very slight. Suppuration of the cervical glands on the left side of the neck; emaciation quite marked; abdomen very much distended.

On removing the scalp we found the evidences of the two wounds. One evidently produced by some flat instrument was located over the sagittal suture,

and two inches above the posterior fontanelle. The other one showed evidences of having been made with a blunt instrument, and was located about an inch to the right of the sagittal suture, and on the same level with the former.

The first wound showed no evidence of any depression of the bone, while at the seat of the latter there was a depression about an inch long and a quarter of an inch wide. After removing the calvarium a bony tumor was found immediately beneath the depression above referred to, about the size of a hickory-nut in circumference, but only about half as thick. There was general thickening of the calvarium in the vicinity. All openings through the skull for the bloodvessels on the right side were obliterated, as well as the pachionian depressions.

The meningeal grooves on the left side were larger than their fellows on the right. There was effusion within the dura mater especially on the right side, with the membrane somewhat thickened. There were numerous lymph adhesions, even dipping into many of the convolutions of the brain. Immediately beneath the depression in the cranium was found a small abscess located in the brain substance near the middle of the superior parietal gyrus, about the size of a hazel-nut, which was evidently a partially broken down tubercle, the pus of which had burrowed its way through the brain substance into the posterior portion of the right lateral ventricle, forming a small sinus between the abscess and the ventricle.

The bulbs of the olfactory nerves were softened and degenerated. There was general congestion and hardening of all the brain tissue with sclerosis of the spinal cord. Also marked effusion into both lateral ventricles, with degeneration and softening of all the brain tissue lining the lateral ventricles, especially toward the posterior portion, the anterior portion being lined with tubercular membrane. On examining the abdominal viscera, the intestines were found adherent to each other throughout, due to the tubercular inflammation, occasioned by the breaking down of thousands of tubercles which were scattered all over the intestinal peritoneum, from one end to the other.

Subacute-purulent peritonitis had thickened and destroyed the parietal peritoneum, whilst the peritoneal sac contained over two gallons of "creamed coffee" colored purulent liquid.

The stomach was adherent to the intestines and covered with tubercles, whilst that portion of the hepatic capsule that rested on the stomach was studded with tubercles also. The liver proper was normal, with the exception of being slightly congested and adherent to the diaphragm.

The lungs were normal, but were pressed upward until their lower margins were opposite the upper margin of the fifth rib.

The heart and pericardium were normal, as were also the kidneys, spleen, and pancreas.

CASE V.—Mrs. Sarah D., of Belleville, Ohio, aged sixty-nine years. Was severely injured on the night of March 15, 1888, by some murderer, who attempted to brain her with the pole of an ordinary hatchet. The old lady was feeble-minded prior to the injury,

and was looked on by the neighbors as having been "queer" in her habits for years.

Her injury consisted in three wounds in close proximity to each other, on the left side of her head, evidently produced by three strokes from the pole of the hatchet, producing a compound comminuted fracture of the skull, the fragments of which were driven down upon the dura mater with great violence without lacerating that membrane however. The dura was forced down from one-fourth to one-half an inch on the brain substance.

Dr. E. Stofer, of Belleville, was called and removed the fragments of bone, which left an opening in the skull four and one-fourth inches in length, and from three-fourths to one and one-half inches in width, extending from a point one-half an inch inward from the external angle of the left eye, and from about an inch above the same posteriorly across the frontal bone, and penetrating into the anterior superior portion of the left parietal bone about an inch. The wound was widest at its middle and narrowed at either end.

After making a free incision lengthwise of the wound, and removing all the fragments of bone and raising them to place, the doctor cleansed the wound thoroughly. Uniting the edges of the scalp with interrupted sutures, he put on a light antiseptic dressing. The subject of this brutal assault was evidently injured during the forepart of the night, and lay in a cold house until eight o'clock the following morning before she was found and relief afforded.

When discovered she was wholly unconscious with stertorous breathing. Her pulse was slow and sluggish, but soon rallied after the operation, from fifty to ninety, and the respirations became natural. Consciousness returned in part, but did not improve much afterwards; has not improved much since. The aphasia was almost complete, the word "yes" being the only word she was able to articulate, and when asked any question, no matter what it was, her only answer was "yes."

She had complete paralysis of the right arm, and partial paralysis of the right leg. The left arm and leg were apparently normal. The pupils were always normal. Her appetite was good, bowels regular, and urine natural, but she had no appreciation of the calls of nature any more than a child. Notwithstanding the unfavorable circumstances following the accident, the wounds healed without any trouble, and when seen by the writer, May 24, 1888, were almost entirely closed, with no indications of cerebral hernia.

I was told by Dr. Stofer, through whose kindness I am enabled to give you the history of this interesting and instructive case, that at no time was there any marked constitutional disturbances, and but little suppuration.

Some months after I was informed by the doctor that Mrs. D. had died from an acute attack of dysentery, which proved fatal on the third day, but that her mental condition had never changed materially from that already reported. Unfortunately there was no autopsy made.

CASE VI.—On May 31, 1888, I saw Mr. E. L. S.,

of Perrysville, O., in counsel with the attending physician, Dr. J. F. Johnston, of that village, through whose courtesy I received the following history of this very interesting case: Mr. S., aged thirty, a telegraph operator, was injured early on the morning of March 8, 1888, while jumping from an engine, slipping and falling backward, striking the side of his head against a bolt on the tender, producing a compound comminuted fracture of the skull on the left side, immediately over the parietal protuberance. Drs. Scott and Son, of Loudenville, being the nearest surgeons of the Pennsylvania Company, were sent for to look after the wounded man, and were assisted by Dr. L. Firestone, of Wooster, another company surgeon, who, with Dr. Covert, of Perrysville, took charge of the case. After a number of pieces of the fractured and depressed skull were removed or raised to place, an opening, about the size of a silver dollar, remained in the skull, from which a small quantity of brain substance was removed, after which the wound in the scalp was closed with two sutures, leaving the dura mater unclosed and without a drainage-tube.

The wound was then dressed with a wash of laudanum and carbolized water, and the patient put under the influence of anodynes, with which he was kept stupefied for several weeks. The wound was dressed with this wash twice a day, and the discharges, which were quite profuse, removed.

About the last of March, or three weeks after the injury, a fungus cerebri commenced to make its appearance, which soon reached the size of a large goose egg. Various devices were adopted to get control of this extruder by the attending physicians who again called to their aid Dr. Firestone, of Wooster. All the devices proved fruitless, especially strapping down with sheet lead, which invoked a tendency to convulsion, which were promptly relieved by removing the pressure. At this time there was complete aphasia and paralysis of both the upper and lower limbs on the right side, and also the face on the same side.

The nurse informed me that it was seventeen days after the injury before an operation was secured from the bowels, and that the urine had to be relieved with a catheter, and the bowels kept open by the use of both medication and enemata. The prognosis of the attending physicians was grave. This was concurred in by Dr. Firestone, and no hope of his recovery was entertained.

About the 20th of April, the family decided to call Dr. J. W. Craig, of Mansfield, in counsel with the attending physicians, who, after examining the case, advised a strict antiseptic dressing to be applied, which, with good regimen, careful attention to the excretions, perfect quiet, and elevation of the head, he thought would at least give the man a *chance* to recover.

A few days later, Dr. J. F. Johnston, at the solicitation of the family, was put in charge of the case, with Dr. Craig for counsel, who placed him on the above outlined treatment.

During all this time consciousness never has been interfered with, not even when he was injured, being able to get up, and with some slight assistance, walk

into the depot. After being carried home, he walked into his room and assisted in undressing himself. He has remained perfectly clear in his mind ever since.

About three weeks after the injury paralysis set in on the entire right side, involving the face, tongue, arm, and leg, which gradually increased until the paralysis became complete. This condition lasted about eight weeks, when sensation and motion both commenced to return, and they have been gradually improving ever since.

Aphasia commenced about the time the fungus cerebri began showing itself, which soon became complete, and lasted until about the latter part of April, when his powers of articulation gradually commenced to return, and have also steadily improved. I found the patient sitting up when I visited him and feeling comfortable, but still had some paralysis of the right side. He could walk around the room and use his hand a little. The aphasia was disappearing, and the patient able to talk pretty well, although unable to articulate some words. The bowels were regular, and he sleeps and eats well.

I found an opening on the left side of the head just over the parietal protuberance fully as large as a half dollar, from which there was still protruding a small fungus cerebri about the size of an ordinary walnut. This I learned was decreasing rapidly in size, and healing from all sides. No suppuration of any consequence at present. There was no headache, and the pupils were natural. There was no tinnitus aurium, no fever, and pulse was normal. The patient has consulted me a number of times since at my office.

The last time, about six weeks ago, when I observed that the fungus cerebri had long since disappeared and the scalp wound was entirely healed, whilst the paralysis had improved very much and was steadily becoming less apparent.

The patient was unable to either give or receive telegraphic messages, owing to the sluggish action of the brain, but his general physical condition was gaining daily.

Remarks.—It will be observed that we have reported two cases of direct traumatism with death, two cases of indirect traumatism with death, and two cases of direct traumatism with recovery and partial restoration of the functions of the injured brain.

Cases I and IV give histories of direct traumatism, the one received nine years, and the other eight years prior to death. There was temporary recovery in each case, followed by tubercular degeneration and death. In both the recovery from the primary injury was rapid and without a bad symptom.

In Case I the extra tension placed on the brain by continued study no doubt acted as an exciting cause in developing the sequellæ of the traumatism received years before, the symptoms of which were manifested by the so-called "fainting spells," which for a time subsided with rest, only to return, accompanied with a general breaking down of the whole system on his resuming hard study with all its increased mental tension and close confinement.

In Case IV we had a man who apparently recovered from a traumatism which left a mechanical pressure

on a portion of the brain. For several years he seemed to resist all this irritation with little inconvenience outside of continual pain in his neck and back of his head. He finally broke down under this abnormal strain with an attack of insanity, followed by neuralgia, and, finally, partial paralysis of the whole left side and general tubercular degeneration.

In Case I there were symptoms of the pneumogastric centers giving out first, and thus lowering the vitality and predisposing to tubercular degeneration. In this case, outside of partial aphasia coming on after his last illness had progressed for some time, he had no symptoms of either paralysis or mental disturbance until just a few hours prior to death, when some paralytic symptoms manifested themselves, associated with mental disorders.

In Case IV the failure of the nervous centers was announced by the sudden disturbance of mental equilibrium, followed by neuralgia and paralysis, with a general lowering of the vitality, resulting in tubercular degeneration. There was no marked paralysis in the latter stages of this case, excepting the slightest aphasia, notwithstanding the immense amount of brain destruction.

In both of these cases you will observe there were large quantities of earthy phosphates and indican found in the renal excretions, the latter pointing, everything else duly considered, to destructive "disease of the spinal cord and its membranes, and especially derangements of the entire central and peripheral nervous systems."—*Tyson*.

In both there was marked tubercular degeneration of the brain as well as its membranes, together with tubercular degeneration extending to the abdominal and even the thoracic viscera.

From these two cases we draw the legitimate inference that traumatic injuries affecting the cerebrum may, for the time being, apparently recover, yet will undoubtedly act as a predisposing cause of a devitalized condition of the whole economy, and, finally, result in general tubercular degeneration.

In Cases II and III we have what may be fairly called indirect traumatism; that is to say, in the one case there was an apoplectic cyst formed on each side of the cerebrum involving the choroid plexus, which afterwards underwent calcareous degeneration, thus not only producing a mechanical obstruction, but also inducing mechanical irritation of the brain substance itself.

The other case was due to the traumatic effect of an embolus producing a mechanical obstruction of one of the branches of the anterior cerebral artery, resulting in localized suppurative degeneration of the anterior portion of the left hemisphere.

In Case II we have neither paralysis nor a disturbance of the cerebral equilibrium, notwithstanding the general effusion throughout the subarachnoid spaces and ventricles, and sclerosis of the brain, together with the spinal cord.

In Case III, only one portion of the brain was affected, and yet we had aphasia and partial paralysis of the entire right side, with apparent gradual recovery, notwithstanding the presence of a large abscess, which finally destroyed one of the branches

of the anterior cerebral artery, causing almost instant death.

In Case II, we had large quantities of earthy phosphates and indican excreted by the kidneys, which showed almost the same results from analysis as Cases I and IV. Unfortunately, in Case III, there was no analysis of the urine made. Like Cases I and IV, Case II was just beginning to develop general tubercular degeneration when death ensued. This condition we were not able to search for in Case III, owing to a request by the family not to examine the corpse further than the brain. Cases V and VI are both cases of a direct traumatism inflicted on the right side of the head, resulting in aphasia and paralysis of the right side.

In neither one was there any apparent derangement of the mental function, although, in Case V, there was complete loss of consciousness until the brain pressure was relieved, while in Case VI, there was no loss of consciousness, notwithstanding a portion of the brain substance was removed.

In Case V, there was complete paralysis of the right arm and partial paralysis of the right leg from the time of the injury, with little, if any, improvement at the time of my visit, nearly two months after the damage, and yet the dura mater was not broken and there was no escape of brain substance, while in Case VI, there was laceration of the dura mater and escape of some of the brain substance, and yet there was no loss of consciousness, and not even aphasia or paralysis until two or three weeks after the injury.

In fact, there was no evidence of loss of the cerebral function until after the fungus cerebri began to appear, the aphasia and paralysis increasing with the growth of the tumor, and also gradually disappearing with the fungus.

Conclusions.—1. That very slight injuries to the cranium may produce such an amount of cerebral irritation as to cause a fatal termination years after the traumatism is received.

2. That the brain, under certain circumstances, is capable of making a rapid recovery from a severe injury of the calvarium, producing a continuous mechanical pressure on some portion of the encephalon, from which it will promptly rally, and, for the time being, assume its normal functions and maintain them for years before it succumbs to the effects of the traumatism.

3. That we may have grave destruction of portions of the motor and sensory nerves without either anæsthesia, hyperæsthesia, or motor paralysis.

4. That an injury and escape of portions of the brain substance is not necessarily *immediately* followed with motor or sensory paralysis, or even loss of consciousness, although it may follow weeks subsequently.

5. That abscess of the brain, or traumatic cerebritis, accompanied with fungus cerebri, may each be followed with aphasia and motor and sensory paralysis.

6. That an apoplectic cyst may undergo calcareous degeneration, and thereby develop a mechanical irritation which will sooner or later prove fatal.

7. That an embolus may cut off the blood supply

of a certain arterial territory, and so devitalize that portion of the brain as to result in an abscess and death.

8. That grave injuries to the brain are liable to be followed with such a degree of devitalization of the economy as to favor general tubercular degeneration.

9. That the presence of indican in the urine is synchronous with cerebral degeneration.

10. That whilst there may be nerve cells capable of taking on definite functions, under certain circumstances, distributed here and there throughout different portions of the encephalon, yet clinical experience points to the bilateral centralization of certain nerve cells at certain definite points, the injury of which produces fairly definite and reliable results.

REPORT OF THE SPECIAL COMMITTEE ON DISEASES OF THE ALIMENTARY CANAL.

(Read before the Illinois State Medical Society at Jacksonville.
May 21, 1889.)

BY A. J. BAXTER, M.D.,
ASTORIA.

FUNCTIONAL DISEASES OF THE STOMACH AND BOWELS.

THERE are, perhaps, few departments of medical science which have, in the last few years, enlisted more interest than diseases known to affect the alimentary canal, and particularly the effect of therapeutics on these affections. The progress made in this direction should awaken in us the strongest feeling of pride and satisfaction, as we witness the phantom of empiricism, which has hung over the medical world for so many ages, benighting this all important field, gradually dissipating before the headlights of scientific research.

The encouraging results thus far obtained are, in a large measure, due to the aid which the introduction of chemistry and microscopy in medico-physical science has furnished clinical medicine.

Chemistry, by resolving drugs into their proximate principles, gives us light on the chemical nature and composition of the digestive ferments, and teaches us to appreciate their value when applied to the science of medicine. And, among the facts which chemistry has revealed, none are of more importance than those which relate to the unorganized ferments. Without them, life of the organism would be impossible. If chemistry thus assists us, microscopy can have no less value by pointing out their normal and pathological effects on the tissues and functions of the human economy.

Granting what we have said to be true as far as our knowledge goes, it seems to us that no department of practical medicine stands more in need of scientific guidance for its therapeutics and hygiene, than the diseases of the canal heading this paper. And while we affirm this, we do not infer that the selection of remedies suitable to individual cases, or that clinical experience and a knowledge of temperamental idiosyncrasies go for naught. On the contrary, they must enlist the physician's attention as well as any other scientific principle established. To be more than usually successful in controlling or

palliating the ills of gastric and intestinal disorders, whether inorganic or otherwise, requires patient and attentive investigation of the proximate and remote effects of medicinal agents, in order to ascertain their influence in relation to systemic changes with the hope of finding out with a degree of certainty, the hidden facts regarding the relationship between the condition of the part, or parts, and the relative or absolute effect of the medicament.

A paper of this kind, to be interesting, must be characterized by brevity. Time is too valuable to be taken up with the minutiae of the topics touched on, and if you will forbear a little, we will call your attention more to generalizations. We all know that too much attention is given to learning much that is unnecessary. Our time should be given to therapy rather than to *materia medica*. The therapy of foods is as essential as the therapy of drugs, and cannot be disassociated by the careful practitioner. Appreciating this, we will confine ourselves in this article to functional diseases of the stomach and bowels. Not because of the lesser importance of the other maladies attacking this tract, nor because they are better understood, but because time forbids. Practitioners are probably oftener consulted, and have their patience and ingenuity taxed to a greater degree, in dealing with this class of cases, than with any other, unless it be *hysteria*.

Under the guise of dyspepsia, we find victims of this dreaded disease in most or all climes, and in all ranks of society. It being more likely, though, to single out the high livers, and those who lead fast, irregular lives, especially if they have acquired or inherited faulty diatheses. Some authors use the term dyspepsia, interchangeably with indigestion, although the latter term more properly belongs merely to a temporary disturbed condition of the function. It matters little how used, both imply disturbances not associated with inflammatory changes. We find it pure and simple, and again we come across it associated or dependent on some other morbid condition of the body. We will speak of it as a disease, *per se*, or, when it occurs without any grave organic lesion, as a factor of production, or, when the remedies must be directed to the dyspepsia as the main source of digestive disturbance. It is a common thing to find the complainants of a highly nervous organism. Inquiry into the family history reveals, nine times out of ten, that the immediate or remote ancestry at one period of their lives suffered similarly. Possibly we have been consulted by several members of the same family, who had had good health until arriving at a certain age, when symptoms of persisting indigestion showed themselves—these patients likely leading entirely different lives; regular in habits; bodily wants fully satisfied. For such cases, hereditary transmission will suggest itself as the explanation. We stated that this disease often affected those of a highly nervous organism. Pursuing this line of inquiry still further, we observe that a large proportion of the cases applying for treatment are of a nervous temperament, and so were their forefathers. The etiology can be explained in the same way as the cases just passed—hereditary transmission.

As causes, age, deficient gastric secretion, exhaustion of the nerves of organic life, anæmia, and privation, are some of the predisposing influences. Any abnormal state of the nervous system has a strong tendency to disorder digestion. Just what relation exists between digestive disturbances and the vasomotor system is not known, nor understood. But it is known that injuries of certain nerve trunks will suspend, for the time being, or seriously interfere with the process of digestion. Anything directly hindering alimentation, such as excess of food, unwholesome, indigestible, improperly prepared, or imperfectly masticated food, are exciting causes.

The symptoms are varied, and, to a great extent, are those found accompanying most all cases of chronic gastritis. No disease, unless it be, as I have said, hysteria, has a larger train of symptoms. Noticeable among them are a sense of fullness after meals, loss of appetite, heartburn, a whirling in the head, headache, sometimes emesis, and often abdominal pain.

The abdominal pain being due to flatulence, affecting in an unequal degree the stomach and bowels. This distension being due to the evolution of gases produced by putrefactive and pathognomonic fermentative changes of the ingesta, wrought by undue multiplication of microscopic vegetations. Fermentation taking place in those of a saccharine nature and putrefaction in those made up of albuminoid matter. The propagation of these pathogenic microorganisms, to the extent of interfering with normal digestion, goes on by virtue of altered secretion. The tongue is oftener coated with a white or yellow fur, than clean. The bowels are generally constipated, but we frequently meet with cases where it alternates with diarrhoea, especially if associated with hepatic derangement. Palpitation, depression of spirits, and dyspnoea are no unusual symptoms.

In some, when the stomach and bowels are distended, the encroachment of the diaphragm on the thoracic cavity compresses the heart, causing apprehension, gloom, and sadness, more distressing than actual pain. Attacks of dyspnoea are ushered in by a feeling of tightness across the chest, a continual desire to draw long breath and a sensation of impending suffocation. Changes in the position of the body are rapidly made, and, also, repeated attempts at inspiration, but the relief is of short duration, and the alarm and suffering intense. It is a herculean task to impress a patient so affected that his heart and lungs are not structurally diseased. The duration of attacks are varied. We have known patients to have single attacks, others to have a number, and one, who had them daily for over a month, usually coming on at night. In this person the smothering was unattended by wheezing, and he had been under treatment for dyspepsia for months before these spells came on. The paroxysms generally worked him after retiring. If asleep he was aroused by an inability to get his "wind," as he termed it. Great beads of sweat were noticeable on his face and forehead. His skin felt cool and clammy. His respiration was irregular and sighing. The action of the heart was slow and irregular. If I remember cor-

rectly, about fifty pulsations per minute. Free belching usually dissipated the attack. The physical symptoms obtained were referable to nothing else than disordered digestion. He entirely recovered, and when last heard of was working on a farm, and well.

Functional and catarrhal affections of the alimentary canal are intimately associated and the dividing line is not as clearly defined as we might wish to see it. In this monograph of functional diseases we have attempted to confine ourselves to symptoms of a non-inflammatory character, and to those readily recognized as such during life. It being often a lingering disease, it has to be differentiated from chronic catarrhal troubles, especially because symptoms exist common to both. Though in the former the symptoms are not so continuous nor so aggravated.

In dealing with the treatment, we must keep uppermost in our minds that nothing will prove curative as long as the cause remains active. It will require thoughtful investigation, and diagnostic expertness, to detect and remove the fault. Each case and special symptom must furnish its own indication for treatment. Improve the general health as much as you can, observe attentively the diet and regimen. If your patient eat too much, or too often, or if his food is unpalatable, little can be expected from drugs. The stomach must not be burdened beyond the capacity of digestion, nor beyond the absolute needs of the economy. Too protracted fasting will equally impair the digestive process. No stereotyped articles of diet will suit your cases. Individual tastes must be consulted, and the intervals of time at which nourishment is given will depend on circumstances. Some will do better when it is given at short intervals; others at longer intervals.

Now, a few words as to the effects of drugs upon the digestion. We are aware that medicines are administered in so reckless a manner as to actually produce malnutrition. Patients are often thus criminally weakened. On the strength of advertisements published—we are sorry to say—in some of our leading medical journals, remedies utterly worthless are used to the detriment of the sick.

Pathogenic microorganisms cannot be destroyed outright. Our hope for the patient lies in the strength of his cells, and measures should be taken known to foster the vital forces instead of handicapping them, and many such remedies we possess. When the appetite is impaired, hydrastin, gentian, columbo, and quinine are indicated. Should torpidity of the bowels exist, cascara sagrada, given night and morning, is a useful drug. It also serves an excellent purpose combined with ipecacuanha, nux vomica, or Berberia-aquitolium. Ipecacuanha can be advantageously associated with the mineral acids. When medicines are given that are incompatible with the gastric juice, the time of giving them is as important as the medicines. A good rule to be guided by is alkalis before meals, and acids between. Hydrochloric acid, combined with pepsin, will benefit as many cases as any remedy we know. Pepsin is only active in an acid medium, and in many instances when we are called to prescribe, the difficulty is due

as much to the lack of the necessary acid as to the want of pepsin and pancreatin.

In fevers, a less active gastric juice is secreted than normal. One less qualified for proteolytic digestion, though intensely acid as shown by litmus. These facts tend to show that the acidity is not due to the proper kind of acid, but to the presence of pathological ferments. Acetic, butyric, or lactic acid may be present, rendering the stomach juices decidedly acid, and still it may be necessary to administer hydrochloric acid to bring the acidity up to the notch most suitable for the action of pepsin.

When an antifermentative, and a digestion-promoting drug is wanted, salicylic acid should not be forgotten. Acids are indicated when the peristaltic movements of the stomach are lacking, and when the gastric mucous membrane fails to respond to the stimulus of food. Unless they be given to check the excessive formation of the acids of the gastric juice, they should be given at least an hour after meals.

Pepsin might be called the universal remedy, for resort is had to it more than to any other single remedy. It is a natural ferment and the most perfect solvent of nitrogenous food known. It will give satisfaction in feeble digestion.

Could a way be discovered to prepare pancreatin so that the acids of the stomach could not destroy it before it reached the intestines, it would be a valuable preparation in intestinal indigestion.

Fermentation is sometimes so excessive as to render patients extremely uncomfortable. In such cases sweet and starchy foods are transformed into sour, yeasty, irritating masses, which, after punishing the patients for a time, are expelled by vomiting. In cases of this kind we have had flattering results by getting our patients to sip a pint of hot water an hour before meals, thus washing out the products of fermentation, and then giving them a naphthaline powder one hour after eating.

In intense cephalalgia, when the nervous system is seriously at fault, good results can be had from electricity perseveringly used. Antifebrin, phospho-cafein, phenacetine, and bromo-soda are some of the best medicines that can be given in such cases.

These observations are not conclusive, but given with the hope of eliciting interest and possibly discussion of a subject needing enlightenment.

The Polyclinic.

MEDICO-CHIRURGICAL HOSPITAL.

CASE I.—Wm. M., aged thirty-three, American, by occupation a printer, complains of pain in both testicles, which are not much, if any, larger than normal, but hard to the touch. Gives a history of gonorrhœa three months ago. Diagnosis, double orchitis. Directions for treatment, paint over both testicles with tincture of iodine, full strength, twice a day, and then apply a compress of cotton or woolen flannel, wrung out in hot water; cover this with another dry wrapping of wool flannel, and enclose both compresses with a piece of oiled silk, or soft, thin gum

cloth or sheet, and then suspend and keep suspended the testicles in a good suspensory bag.

I have used this treatment for years, and in many cases, in private and hospital practice, with the quickest and best results.

The above noted case was quickly cured, the testicles becoming soft and free from pain in a few days, after which period the moist compress is discontinued, and only the dry wrapping and suspensory bandage or bag used.

CASE II.—J. D., aged twenty-two, laborer in iron works, robust and healthy in appearance, presents himself with a healthy looking incised wound, of large size, on the palmar surface of the right hand. Patient was cut by a heavy piece of steel, and was first attended at the Charity Hospital, when, after antiseptic cleansing and several stitches had been put in, he was referred to this clinic.

As the patient's wound is healing kindly, it is only necessary to carefully work in hot antiseptic solution of corrosive sublimate, 1 to 2000, dry and powder with iodoform, covering with a gauze of the same.

CASE III.—P. J. S., aged forty-two, a laborer, presents himself with a chronic, sluggish, ill-conditioned abscess of one cheek. The patient presents the appearance "strumous," as evidenced by pallor, glandular enlargements, etc., and the character of the pus is thin and sanious. The indications are plainly to build up by tonics and alteratives, both systemic and local. We order, therefore, the use of the muriated tincture of iron, internally, and the iodide of potash, and after freely opening the abscess at the most dependent portion, we cleanse with the hot 1 to 2000 corrosive sublimate wash; inject, with full strength, tincture of iodine, insert drainage-tube of clean antiseptic gum, cut off to the length of one inch external to the opening, and then apply some iodoform gauze loosely about the gum to catch all discharge.

By careful attention to this line of treatment I shall expect a good result. I have carefully enquired of the patient as to specific disease in the past, and do not learn of any. If the patient does not thrive under this treatment, it may be necessary to change to still other alterative treatment; but let us bear in mind that in all these cases we must not forget to put the patient on good nutritious, special diet, not forgetting a free use of good fibrin-producing food, such as milk and the various animal foods.

NOTE.—Each of the above-noted cases healed soundly, but the latter required much longer time and more careful attention to antiseptic and alterative measures.—*Stubbs*.

VACCINATION.

The virus from children is milder than that from animals. As the virus is used from child to child, it grows weaker.

Infective Virus.—Two varieties were noticed. First, from arms previously vaccinated. Second virus taken too late in the vaccination.

There is only one real danger from vaccination, and that is syphilis. Impetigo is contagious and sometimes results from vaccination but is easily cured. The same may be said of chicken pox.

If a patient is of a scrofulous diathesis it is apt to develop.

Do not vaccinate during febrile indications.

Virus may be removed on the sixth day, but the lymph will not keep.

On the fifteenth day remove the scab and always wipe off the pus.

If any pus has been allowed to remain it must be removed before using the crust, the first vaccination should be made at three months of age, and the second at the seventh year.

Three children were shown who were vaccinated at one of the previous clinics showing arms sore on the eleventh day, which was unusual as the ninth day was the general limit.

The virus had escaped from these crusts rendering them inert, and the use of such crusts would account for some of the failures. A sore did not always indicate a good "take." After healing it must present a deep pitted appearance as in smallpox, otherwise the prophylaxis is not assured.

WHOOPIING-COUGH.

Various remedies have been tried and found wanting. Bromide of potassium, cyanide of potassium, monobromated camphor; the old-fashioned cochineal mixture etc., etc. A more recent remedy was fumigation by burning sulphur in a close room.

Three hundred and eighty-five grains of sulphur to every cubic foot yard of air space is the rule. The clothing and bedding is also to be fumigated. This method of treatment had failed in his practice. Quinine in three or four-grain doses in solution injected into the throat had effected a cure. The most effective remedy was the inhalation of illuminating gas, but during the first stage of the disease treat it as an ordinary catarrh. Keep a tally-book for the whoops, as only in this way could any change be determined.

For the case before the clinic he ordered two mixtures, one was the elixir of quinine and iron and the other cod-liver oil and syrup of orange peel simply shaken together. He preferred this to an emulsion.

PAIN OVER THE RIGHT EYE.

In the case of a man suffering with pain over the right eye he called attention to the necessity of a careful diagnosis between a true neuralgia and the so-called brow ague, which was a reflex pain due to liver derangements, etc. This patient, however, was referred to the eye department, as the trouble seemed to lie in that direction.

DISEASES OF THE STOMACH.

In commenting upon a case diagnosed as atonic dyspepsia Prof. Waugh briefly outlined three principal diseases of the stomach, viz.:

1. Gastric ulcer, a disease of young women.
2. Carcinoma, a disease of old men.
3. Catarrh of the stomach, the most common of all the ailments. For the atonic dyspepsia he ordered a restricted diet and pepsin, muriatic acid and tincture of nux vomica.—*Waugh.*

CONSUMPTION.

Prof. Woodbury presented a man complaining of spitting of blood and a cough. The patient is fifty years of age. He attributes his malady to sleeping in a room filled with coal gas.

The lungs upon auscultation give submucous rales showing softening. His hands are quite warm, but the temperature is only ninety nine and one-half. The fever of consumptives is treated by rest, also by ice. The yolk of eggs was recommended as a food, and as a sedative the bromide of sodium or ammonium in preference to potassium, as the latter depresses the heart, already weakened by disease. The skin should be brought into healthy action.

Consumption begins in a catarrhal condition.

—*Woodbury.*

ALBUMINURIA IN PREGNANCY.

Prof. Stewart in commenting upon a case of albuminuria in pregnancy, said that about twenty per cent. of all patients suffer from this ailment during this period. It is generally temporary, coming on during the latter months of the term, although it may have existed previously. It is caused by the pressure of the gravid uterus upon the renal veins, and extra work is thrown on the kidneys.

Always test for albumen in pregnant patients and meet the indications promptly so as to avoid convulsions later on. As to remedies, colchicum and saline cathartics were recommended. For the convulsions following such cases he had found nothing so effectual as injecting chloral hydrate into the rectum.

—*Stewart.*

REMOVAL OF CYSTIC TUMOR.

Prof. Montgomery, before the removal of a cystic tumor, pointed out the difference between such growths and true fibroids. The fibrous cysts are not so frequently met with as the true fibroid tumor.

In these cysts we find a fluid resembling liquor sanguinis. They generally result from a degeneration of a fibrous tumor, the bloodvessels of the latter breaking down and a cyst is formed.

Some called them lymph spaces. The symptoms are the same as in true fibroid. They are generally found outside of the uterus. Simms emptied one, disinfected it, injected iodine and destroyed it.

These cysts may be mistaken for a pregnancy. They are, however, not uniform like a pregnancy, but are nodulated. They do not stop the menses; on the contrary, rather aggravate them. They are fluctuating and elastic. They are differentiated from ovarian tumors by being smaller and slower in growth. Another method was to tap the cyst and ascertain its character. Drysdale thought that there was a peculiar cell found only in ovarian tumors, although this has not been fully proven.

Fibrous cysts grow to a large size, and continue for a long time. They do not, like a true fibroid, sometimes subside without operative interference.

In speaking of polypi, he said we must not class them with tumors resulting from parts of a placenta left in the uterus. Polypi may be cellular, mucous, or fibrous. They are developed more particularly in the body of the organ. They may be multiplied, and

look like a bunch of grapes. These tumors gave rise to dysmenorrhœa, leucorrhœa, pain in the back, etc.
—*Montgomery.*

OPERATION FOR CATARRH.

Prof. Keyser, before operating for cataract, called attention to some serious complications that might arise. If the patient is suffering from albuminaria or diabetes, the cornea will slough. If the iris will not contract quickly, do not operate, but make an iridectomy, and wait six or eight weeks before operating. In all cases ask the patient whether flesh wounds heal readily or not. If they do, the operation will be a success.

In examining for cataract do so by an oblique light, or by moving a lighted candle in different directions before the eye or eyes as the case may be, as it would be useless to operate upon a "blind" eye, or where the fault was in the retina as well as in the lens. A traumatic cataract is apt to cause glaucoma.

A case of glaucoma was shown, and the following prominent features of this obstinate affection pointed out:

1. Increase of tension of the ball.
2. Rapid presbyopia.
3. Dilated ciliaries—sausage shaped.
4. Arterial pulsation.
5. Cloudiness of the aqueous and vitreous humors.
6. Dilatation of, and sluggishness of the pupil.
7. Periodic dimness of vision.
8. Halo about a flame or rainbow colors seen.
9. Ciliary neuralgia; which is very important.
10. Field of vision contracted.

Glaucoma is a disease of old age. It always attacks one eye and may remain in one only, but the other is liable to become affected.

In examining old eyes use atropia cautiously, as if there should be a latent glaucoma, *i. e.*, an increase of tension, it might be lighted up. Use eserine, one to two grains to the ounce of water, but even this must be carefully administered or it will set up an iritis.

For inflammation of the cornea, Prof. Keyser ordered the following:

R.—Iodoform gr. iij.
Lanolin vel adipis benzin gr. j.
M.—Sig. Apply to the cornea as directed.

Cocaine should not be used in inflammations of the cornea, as it depletes nutrition, and not only fails to relieve, but is a positive injury.—*Keyser.*

PENNSYLVANIA HOSPITAL.

IN lieu of a clinic, Hunt made a few remarks on "railway spine." Shock he defined as that combination of symptoms brought about by a sudden depression of the nervous system. Page, he said, does not believe in transitory shock, and for that reason declares that there is no such thing as railway or spinal shocks. But to prove that a transitory shock does occur, Hunt cited a case in his own practice as clearly demonstrating it. It was the case of a man who had fallen from a considerable height on

his feet, breaking the os calcis of each foot, which was followed by complete paraplegia of lower two-thirds of trunk and lower extremities, but terminated in an entire recovery. In the space of five years, he said, after Erichsen had published his investigations on spinal shock as produced by railway travel, English railway companies paid \$11,000,000 in damages, suits for which were based on the authority of that eminent surgeon.

In cuneiform operations where a wedge of bone is removed, Ashhurst does not favor the use of a fixed plaster dressing. In fractures, however, he does, but does not apply it until after the callus is formed and the patient is able to go about.

TYPHOID FEVER.

The patient before us is a young man, printer by trade, admitted into the hospital a week ago, suffering from typhoid fever. On admission his face was flushed, tongue furred, tremulous and red along the edges. His abdomen was full, tympanitic and covered with red colored spots; temperature 103°, bowels loose, feces yellow. He was troubled with a cough, a result of imperfect respiration produced by an over-distended abdomen pressing on the diaphragm, thereby interfering with proper aëration of the lungs. While I ask this patient to sit up that I may examine his lungs, I, as a rule, avoid having my patients do so, as they are more or less liable to faint when in that position, owing to the additional work it imposes on an already much weakened heart. In examining the spots on the abdomen it is necessary to differentiate them from acne spots. The rose-colored spots of typhoid fade away upon pressure and present no rough points to the touch as do the spots of acne. This patient we have kept under the regulation treatment, and is doing as well as can be expected.—*Longstreth.*

ACUTE ENTERITIS.

This patient has been ill three weeks. Has had from three to six movements a day, for which he can ascribe no cause, having always been healthy and temperate. Upon admission to hospital he was languid and pinched in appearance, tongue glazed and red all over, though uncoated. His temperature was 102°. His treatment consists chiefly in the regulation of his diet. He is given only such food as is not irritating, such as milk and soup, and a few spoonfuls of corn starch to give more consistency to his stools. He was given large doses of bismuth, thirty grains, every three hours, continued for three days, until stools were reduced in number. Fearing a typhoid condition, quinine and hydrochloric acid were given. A denuding of the mucous membrane of the intestinal tract is productive of more intestinal indigestion than any other cause, and is a condition very difficult to cure, inasmuch as the mucus which is being thrown out mixes with the food, and with it undergoes fermentation, whereby a constant source of irritation is maintained. The continual passage of the food through the intestinal tract does not give the mucous membrane time to repair itself.

—*Longstreth.*

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, August 24, 1889.

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REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
THE MEDICAL REGISTER.
THE DIETETIC GAZETTE.
THE POLYCLINIC.
THE AMERICAN MEDICAL DIGEST.

PUBLISHED UNDER THE AUSPICES OF THE
AMERICAN MEDICAL PRESS ASSOCIATION

Address all communications relating to Editorial or Subscription business to THE MEDICAL PRESS COMPANY, LIMITED, 1725 Arch Street, Philadelphia.

Address all communications relating to Advertising to THE MEDICAL PRESS COMPANY, LIMITED, 9 East 17th Street, New York.

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PUBLIC BATHS.

AS in modern statesmanship, the great problem is the attainment of "the greatest good to the largest number," so it is the aim of modern medicine to achieve the same end by the prevention rather than by the cure of disease.

The study and practice of sanitary medicine, illumined as they are by marvellous discoveries in the

sciences and arts, attract the best minds in our profession, because of the brilliant possibilities of this interesting field.

The improved sanitary condition of the civilized world, chiefly evidenced by the absence of those terrific epidemics which formerly scourged the most populous countries, has long been our boast. Nevertheless, the civilized world is far behind former ages in one great essential of sanitation—personal cleanliness.

Startling as this proposition may seem, it is open to absolute demonstration by historical data, as is clearly shown in a recent address of Dr. Lassar.

The recognition of the vital importance of personal cleanliness may be traced into the remotest antiquity. Zoroaster and Moses made it a law whose infringement was severely punished, and indeed, all Asian and Semitic nations had it impressed upon them by their ceremonial acts. These facts are so well known that they need only to be referred to here.

In the latter centuries before Christ, bath-houses were introduced from Greece into the smallest Italian towns, not only for ordinary use, but many were erected on the most luxurious scale. Seneca tells us that the walls of some of these establishments were covered with mirrors, and the floors with Numidian marble; the basins, surrounded by rare stones, received water from silver faucets; magnificent statues and pillars abounded, and the water fell in immense quantities in cascades upon the bather, whose eye meanwhile rested upon the most ravishing landscapes, exposed to view through the spacious windows.

Vispanus Agrippa built one hundred and seventy free baths in one year. Others were offered to those who were able to pay, for the price equivalent to one cent of our present currency. Nearly every well-to-do householder had his own private bath. From the time of Augustus to that of Constantine fourteen hot baths were erected, each one of which accommodated thousands of bathers. In Rome alone there existed, during the residence of Constantine in Byzantium, eight hundred and fifty-six free baths, which consumed seven hundred and fifty million gallons of water.

Pliny asserts that for six hundred years the people of Rome needed no physicians, because they bathed.

These grand structures, however, fell under the savage destruction of the uncultured multitudes which crushed out the power of Rome, and trampled upon its great works of art. The world has not yet recovered from the effect of this invasion of the field of hygiene.

To-day the paradox exists that among people whom we are wont to regard as uncultured, the resort to water for personal cleanliness is more in vogue than it is in our midst.

In Russia the poorest peasant would not don his holiday attire, without resorting to his village bath. In Japan hot baths are accessible to the people in the very humblest villages.

This glaring defect in our boasted civilization has been again and again recognized, and the press, that most potent agitator of the rights of the people has struck sledge-hammer blows in behalf of public baths. The *New York World* not long ago published a series of well written articles upon this subject, which have borne some fruit. It is to be hoped that this sturdy advocate of the people's prerogatives will again be heard from in the good cause and induce other journals to follow its energetic and brilliant initiative.

The interests of good sanitation demand constant and unceasing agitation of the subject of public baths. The family physician, armed with the historical facts briefly enumerated and imbued with the consciousness that cleanliness of person among the lower classes will surely tend to check epidemic diseases at the very portals of its usual entrance, may contribute vastly to the dissemination of ideas that will surely bring valuable practical results.

If public baths could be made as accessible as they were in the palmy days of Rome and Greece, the health and happiness of the laboring classes would be greatly enhanced; the unrest and discontent, which are but the muttering of a storm that will sooner or later sweep with devastating fury over our prosperous land, would be allayed by the recognition of the fact that they whom fortune has favored bear a kindly interest in those who are tottering under the heavy burden of poverty and its inevitable train, misery, and death.

A feeble step in the right direction has already been taken by the public baths which some of our cities offer during the summer months. But the number of these baths is ridiculously small, and they are entirely absent during the winter months when they are most urgently needed.

Lack of water and room, and the large expenditure of money required, offer the most potent obstacles to the extension of public baths. All these obstacles may be readily surmounted by the adoption of the rain and douche baths, which have been successfully utilized in the German army and in several large German cities. These baths are simply arranged, built in the most economical, yet substantial manner, and divided into spaces just large enough for an adult to stand and move comfortably in. The bather bathes himself with soap, and turns on the cold or warm water, which falls upon him as a spray or douche. The mechanical action of the stream, aided by his own efforts, rapidly cleanses the body, and the water flows away over the latticed floor into a receptacle, which conveys it to the water pipes. The time, consumption of water, and attendance are thus reduced to a minimum; cleanliness of the bathing-room is readily obtained, and the danger of contagion, which would deter many from resorting to tub baths, is entirely obviated.

Simple douche baths of warm soap-water should be attached to our public schools, and the afternoon hours should be devoted to the task of cleansing the

bodies of the little ones. The warm soap douche would be a great boon to the poorer and laboring classes in midwinter, when they rarely, if ever, have an opportunity, owing to the narrow limits of their dwellings to cleanse their bodies. To the middle classes the cheapness of such a bath would commend itself. The construction of a few warm and douche baths in our large cities would popularize bathing and protect the community against many diseases, without a large outlay of the people's money.

CHLORAL HYDRATE IN SEVERE CHOREA.

FOR the ordinary choreas arsenic is still the remedy par excellence, but now and then one comes across a case of old, long-standing, or severe chorea, which resists every known means of medication. With such cases many new and novel methods of treatment have been instituted for a time, but usually they have ended in failure. Only rarely forced rest and seclusion have cured the disease, as in cases reported by Van Bibber, of Baltimore. But not often does it happen that prolonged sleep, and especially sleep produced by chloral hydrate, terminate in a permanent cure, as in Dr. Gairdner's well-known case (*Glasgow Medical Journal*, new series, Vol. II, 1869-70, page 550), which was accidentally given sixty grains of chloral with the happiest results, and in the case reported by Bouchut (*Bulletin Générale de Thérapeutique*, February, 1873), in which forty-five grains of chloral a day were given for twenty-seven days with a complete cure of the chorea and dementia on the twenty-eighth day of the use of the chloral. In these cases the seat of the trouble itself seems to have been favorably affected. There may have been a certain amount of habit in both instances which was removed by the profound impression caused by the narcotic. But it is difficult to imagine that the drug affected primarily in any way the diseased centres in view of the many other cases in which cessation of the movements could only be obtained during the artificial sleep. Why this artificially produced and prolonged sleep should result in a complete cure in some instances and in nothing at all save the artificially produced periods of rest in others cannot be explained until we know more about the pathology of chorea. Neither Bastian's experience (*Lancet*, July 13), Bouchut's nor Gairdner's (*Lancet*, August 3), would at all lead to the idea that chloral in itself was in any way a specific for chorea, hence the rest itself was the curative agent.

Cases have been reported in which benefit was obtained by interpolated long periods of sleep, of a certain number of hours or days, it not having been considered safe to continue the sleep as long as Bouchut had done. In two of Dr. Gairdner's cases, recently reported (*Lancet*, August 3, 1889), one still under observation, the other having died from exhaustion, which was pronounced before beginning the chloral treatment, the good effects of the treatment seems to have been clearly indicated. In one of them the au-

thor saw such an improvement as to lead him to dissent somewhat from the assertion of Bastian that "in the most acute and severe cases of chorea, in which the temperature is raised and the movements are violent and continuous, with or without delirium or maniacal symptoms, I have never yet tried this mode of treatment *and should not recommend its adoption.*" Chorea is a disease that usually proceeds from bad to worse, and hastens its over development by exhausting the general constitution. The uncontrollable jactitations so disorganize and disarrange the other functions of the body that decline and death occur as the result of the latter rather than of the chorea. Reason dictates, therefore, that in these intractable cases the best hope of a cure is to be based only upon frequent periods of rest prolonged as much as the safety of the patient and freedom from symptoms of poisoning will allow. The chloral treatment of severe cases of chorea has given results far from what would be desirable, yet sufficiently favorable to warrant longer and closer study.

A SOCIAL EVIL.

ONE of the blessings and curses of modern civilization is the piano forte. With the invention of the instrument began a new era in the matter of musical entertainment, and since then it has risen into such popularity as to leave its many competitors far in the rear. No house is thought to be completely furnished nowadays where there is not a piano, and hence it is heard everywhere and at all times. Occasionally its tones are soft and soothing, more often they are rattling and torturing. We have often wondered how it was that an instrument which is considered second in difficulty only to the violin for its complete mastery ever became so popular. Could any one be so malicious as to continually rack the ears of his neighbors with amateur efforts upon a cracked violin, or howling cornet, even did these instruments "furnish the parlor so well" as the piano. But we have wondered still more often how it was that girls were so universally obliged to study the piano. The first daughter born into the family is destined from the moment that the sunlight first sparkles in her eyes to be put at the study of music as soon as possible, and often long before she has acquired the slightest knowledge of anything else. Perhaps she exhibits no taste whatever for the art, but then she's a daughter, and along with her younger sisters must continue day after day thumping her patience, amiability, and health away trying to learn what fashion has considered *proper* for her to know. A recent German writer has attributed a large part of the nervousness among young girls to their piano forte practising, and the matter is receiving at present much consideration from the London physicians. Nothing is more absurd than to compel a delicate, nervous girl to practise and practise, oftentimes six and eight hours a day, the same monotonous exercises merely to humor a fashionable whim. There is noth-

ing in its favor when the disposition is vigorously opposed to it; for it certainly does not develop grace either of body or movement, nor does it bespeak special culture more than any other more congenial art would.

The long hours of practice indulged in by those who are fond of it are not only dangerous, but frequently unnecessary. The habit is one that grows, and the emotional nature is so stimulated that the performer is restless unless she is practising. We know of most admirable pianists—certainly—who could entertain the most cultured non-professional audiences that have never practised more than a couple of hours a day. Regularity of time well distributed does more than length of hours.

As we have also said, the emotional nature becomes overstimulated, and thus the equilibrium necessary to the preservation of the nervous health is destroyed, and all sorts of nervous ailments ensue. This is readily confirmed by the lives of most of the great composers and pianists of the world.

It is time, then, that physicians should take this question into consideration and educate people out of the silly notion that every girl must be a pianist. Away with the absurd fashion, and many of our girls will be more healthful, will enjoy life with a keener zest, and many of the common ailments now arising from an overwrought nervous system will disappear.

Furthermore, our ears will be less tortured by the rattling noise of ancient pianos thumped by dispirited unmusical amateurs. It is the physician's duty to correct this evil, and to him we make the appeal for the benefit of music-loving ears and delicately organized nerves.

AN ERROR OF SPECIALISM.

"SPECIALISM" of a certain sort has again put itself into a ridiculous attitude before the medical world, for there has just been issued in London a classified list of practitioners who chiefly attend to special departments of medicine and surgery in that city, with particulars of the principal special hospitals and special departments in general hospitals, edited by W. P. W. Phillimore, M.A., B.C.L., Queen's College, Oxford. This together with the many other useless and hashed up compilations now being published upon all sorts of medical matters remind us of the old truth that "there is no end of making books." In commenting upon the present volume the editor of the *Lancet* says: "Concerning the most eminent persons the information is least, concerning the less distinguished it is 'special,' and would almost suggest the profane thought that it has been self-supplied. Can anything be more ridiculous than to suggest to medical men that they need a lawyer to tell them the persons to consult in a given case of difficulty." Sir Andrew Clark "who is too great to be belittled and too general to be specialized," is here set down as a specialist for chil-

dren, is daubed *great* in regard to the eye and *special* commended for consultation in cases of midwifery and diseases of women and children. The absurdity speaks for itself, and yet it but indicates one of the evils of specialism.

A PERSONAL JOURNAL.

WHEN the *Medical and Surgical Reporter* has retracted its previous misstatements concerning this journal and its editor, and apologized for the same, we may notice its later statements. Until this has been done we do not consider it worth replying to. Its readers may be willing to pay for the privilege of being informed as to its editor's opinion of us, but ours prefer that we shall devote our space to matters medical.

Annotations.

AIMS AND LIMITS OF HYDROTHERAPY.

THE application of water in any form, at any temperature, externally or internally, without admixture of medicinal agents, is the province of this special branch of therapeutics.

It is not an infrequent error to regard the external application of cold water, or its combination with cold water drinking, as in the so-called water cure, as the only aim of hydrotherapy.

The modern application of the term, on the contrary, embraces every method by which pure and unadulterated water is utilized in the prevention and treatment of disease. As we have insisted in a previous article (*DIETETIC GAZETTE* for April, 1889), the surgical use of hot water for purposes of asepsis, the gynæcological application for the treatment of piloric inflammation, its internal use in gastric derangements, the need of tepid temperature in intestinal diseases, all these belong to the field of hydrotherapeutics, because they each depend upon the effect of temperature and mechanical results of water alone.

The successful application of ice (frozen water) in cardiac, nervous, and inflammatory affections furnishes another illustration of the value of modern hydrotherapy.

In our discussions of this subject in future numbers of *THE TIMES AND REGISTER*, we do not propose to confine ourselves to the external and internal use of cold water, as is the practice of the hydropaths, but to expand into a broader and more fruitful field, whose limitations shall be that water in some shape is the single agent applied in the treatment.

DR. S. LUSTEGARTEN.

OCCASIONALLY one of our trans-atlantic confrères actuated by the conviction that his mission would be best fulfilled in our country, emigrates to our shores, bringing with him a record of brilliant attainments which at once assures him a steady position in our midst. Dr. H. Knapp presents an illustration of such a career.

At the present time we are pleased to record an event which is regretfully referred to by the *Wiener Medicinische Presse* (July 28, 1889), as follows: "A few days ago a most promising young physician of Vienna left his native city in order to find a new home on the other side of the ocean. Docent Dr. Lustgarten, one of the most able of the younger workers in syphilology and dermatology at our university, which have emanated from the school of Kaposi, a man who is most favorably known through his numerous original works, is on his way to the new world. We will not discuss the causes which tear this promising man of learning away from his friends, colleagues, students and patients, but desire to express our sincere regret for the loss of this man and we hope that Lustgarten may find a new field of satisfactory scientific and medical activity in his distant home."

Dr. Lustgarten is well known as a teacher to the numerous Americans who have resorted to the great Vienna School of Dermatology in recent years.

He studied leprosy under Asmanen Hausen, in Beyen, Norway, and visited many other parts of the world in the pursuit of his studies.

His greatest achievement is the discovery of the bacilli of syphilis in 1885.

We welcome this active and original worker in our midst and bespeak for him a hospitable reception.

RECENT DISCOVERIES IN MORPHINE, STRYCHNINE ELIMINATION.

DR. ALT (*Berl. klin. Wochenschrift*) has demonstrated by experiments on dogs and confirmed the latter in man, that morphine injected subcutaneously is eliminated by the stomach within an hour, and that this elimination is the cause of nausea, which may be relieved by stomach irrigation. At least one-half of the morphine injected may be recovered from the stomach by the irrigation; and toxic symptoms produced by subcutaneous poisoning may be removed by the latter. The importance of this discovery in medico-legal examinations and in morphine poisoning is evident. In the former case evidences of the presence of morphine may be obtained in the stomach, and in the latter the effect may be neutralized by irrigation. Thus the hopelessness of accomplishing either one of these important results after subcutaneous injections may be abandoned.

Elimination of Strychnine.—From actual experiments on frogs Dr. Lovett (*Journal of Physiology*) discovered the important fact that the larger proportion of strychnine is stored up in the spinal cord, in which he found more than in the brain, liver, stomach and muscles together. This is an important medico-legal point, because it emphasizes the necessity of examining the spinal cord as well as the stomach in cases of suspected strychnine poisoning.

Treatment of Insomnia.—Jastrowitz read before the Society for Internal Medicine a paper on this subject, in which he concludes that morphine and opium are indicated in acute cases, especially in the anæmic, for the removal of apprehension and pain. In depressed heart action and in congestions special precaution is necessary.

Paraldehyde is recommended for acute forms of insomnia, especially in heart affections, while in chronic cases it must not be long continued, a change of remedies is specially advisable.

Amylhydrate may be given in acute as well as in chronic forms of insomnia, especially when the stomach is deranged.

Sulfonal is adapted for acute cases, when it is not important to be prompt and in all chronic cases of insomnia.

It should always be the aim of the physician to discover the cause and remove it in order to equalize the nervous organism.

Sulphur in Rheumatic Arthritis and Muscular Rheumatism.—Sir Alfred Garard in bringing this ancient remedy forward, claims that small doses frequently repeated are followed by the best results when combined with minute doses of cream of tartar. He also recommends the combination in torpor of the liver, in hemorrhoids, constipation, and in some skin affections.

A CONTRAINDICATION OF ANTIPYRIN.—Antipyrin (London *Medical Press*), among its other properties, exerts a hemostatic effect, which, according to Dr. Huchard, may be productive of serious results if incautiously given during a menstrual period. He mentions a case of woman suffering from severe dysmenorrhœa, for whom he ordered sixteen grains of the drug, with the effect of immediately suspending the flow. The arrest was accompanied by shivering and cyanosis and a tendency to syncope. These symptoms caused him a great deal of anxiety for half an hour, when they gradually passed off. He has noticed the same effect, but less marked, in two other cases in which he had prescribed the drug under similar circumstances.—*Memphis Medical Monthly*.

Book Reviews.

INEBRIETY, ITS ETIOLOGY, PATHOLOGY, TREATMENT, AND JURISPRUDENCE. By NORMAN KERR, M.D., F.L.S. Second edition. London: H. K. Lewis, 1889.

This is the second edition, with careful revision and additions, of a work which has already received a hearty welcome from the profession. It is one of the evidences of medical progress that narcomania, whatever may be the poisonous agent, is recognized as a true disease, and thereby treated otherwise than as a crime. Yet its causation is so frequently dependent upon the will of the patient, that the latter has often been deprived of merited sympathy, and the condition overlooked as one of a pathological character. No physician of the present day can afford to be unacquainted with the least of the details of this disease. Hence the present volume, which is an exhaustive study of the subject by one who has devoted much time to its investigation, should receive a wide circulation. In twenty-three chapters, the author has minutely, yet concisely, portrayed the nature of the disease, its etiology, and varieties, pathology, treatment, and medico legal aspects, giving the reader the very latest views as the result of a

close study of the literature of the subject and of his own wide experience in this special department of medicine. The indexes, both at the end and along the margins of the body of the work, recommend it also as a convenient reference and text-book. It is not necessary to quote further from the work itself, as the first edition has already been some time before the medical world.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNÆCOLOGICAL ASSOCIATION, Vol. I. Session of 1888, Birmingham, December 4 to 6. Birmingham: Caldwell Printing Co., 1889.

Judging alone from this first volume of published transactions, this Association is in a most flourishing condition and doing valuable work. Besides the annual oration, there are twenty-eight papers; many of them of decided merit, and upon the most recent and practical themes. Without specifying we will note that they treat of brain surgery, antiseptics, laparotomy, electrolysis, cystoscopic examinations, various gynæcological operations, besides reports of many interesting cases. None of the discussions have been included, though we infer from the notice of the Committee of Publication that they will be in the next year's report. The type is open and clear, the paper moderately good, and the binding strong and attractive.

CHEMICAL EXPERIMENTS FOR MEDICAL STUDENTS ARRANGED AFTER BEILSTEIN. By W. S. CHRISTOPHER, M.D., Demonstrator of Chemistry, Medical College of Ohio. Cincinnati: Robert Clarke & Co., 1888.

For the purpose of familiarizing the medical student with chemical manipulations this small book answers very well, but it is by far too condensed to be of any use as a guide to the study of chemistry, however elementary. In his preface the author says "the object has been to simplify and limit, rather than to multiply, the number of experiments." The topics relating to physiological chemistry and urinalysis have been very judiciously made more important than those of inorganic chemistry. While brief compilations of this sort are desirable as reference books for the laboratory and note-books for the lecture-room, we must again caution students against hoping to acquire from them the perfect knowledge only to be obtained from the larger manuals.

A LABORATORY GUIDE IN URINALYSIS AND TOXICOLOGY. By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Physics in Medical Department University of the city of New York. Second edition. New York: William Wood & Co., 1889.

It is scarcely necessary for us to do more than merely call the attention of our readers to this excellent little handbook, as this is its second edition and the title fully explains its purpose and scope. The plan of the work is concise and well adapted for a lecture-room note-book. The illustrations are numerous and well selected. We are pleased to commend it to practitioners, and especially to students, as a correct and convenient guide to the study of physiological chemistry.

The Medical Digest.

PARALDEHYDE AND SULPHONAL.—Dr. C. M. Hay (*American Journal of the Medical Sciences*) arrives at the following conclusions:

1. That paraldehyde is the safest hypnotic where a continuous action is desired.
2. That paraldehyde has a wider range of application in mental diseases than sulphonal, and that in the insomnia of acute or chronic disease, where pain, cough, dyspnoea, or fever exists, sulphonal is less effectual than paraldehyde.
3. That in all depressed mental states sulphonal acts ineffectively, and acute melancholia should be a contra-indication to its use, while in maniacal conditions it is more satisfactory than paraldehyde. That the use of the former in general paralysis in the insane should be carefully considered, while in acute melancholia the latter is usually effective.
4. That a high degree of physical debility with insomnia should contra-indicate sulphonal.
5. That in 18 per cent. of cases various degrees of sulphonal intoxication appear, and that it would seem that the drug is capable of being dangerous to life, and that, therefore, the commencing doses should be small, some persons being extremely sensitive to its influence.
6. That the effects produced by sulphonal are not always in proportion to the dose administered, and that in some cases at least it very seriously interferes with the normal bodily secretions, while paraldehyde does so to a very much less extent.

RENAL COMPLICATIONS IN WHOOPING-COUGH.—Some time ago Dr. Stefano Mircoli pointed out that he had several times observed renal complications in whooping-cough. Thus, on one occasion, among ten children suffering from the disease, nephritis occurred in two cases, one of which died. The necropsy left no doubt as to the existence of the renal affection. During another outbreak, among thirty-five cases nephritis developed in four. Two of these died, and in one a post-mortem examination was made. The kidneys were examined microscopically, and were seen to be in a condition of severe parenchymatous nephritis. No microorganisms could be seen. Recently Dr. Mircoli has brought forward additional evidence on the subject. In a recent epidemic at Monterubbiano, of twenty-four patients, three died, one from suppression of urine, another from suffocation in a paroxysm of coughing, and a third from marasmus. In the two latter cases, although during life there were no symptoms of renal affection, on post-mortem examination venous stasis in the kidneys with commencing albuminuria was found. There was also a considerable amount of hemorrhagic infiltration. Cultures of the kidney tissues gave negative results. Dr. Mircoli believes that the renal affection is due to venous stasis caused by obstruction of the vena cava through the violent paroxysms of coughing. According to him the kidney is affected, in whooping-cough, in 12 per cent. of cases occurring in children.—*London Medical Recorder*.

ON THE INFLUENCE OF PERMANGANATE OF POTASSIUM ON MENSTRUATION.—Prof. Stephenson gives, in an interesting article, the results obtained from a series of observations extending over a period of three years upon the value of potassium permanganate in the menstrual diseases. During this time he has collected one hundred and five cases in which reliable results were obtained. In his investigations he exhibited the drug in the form of a pill containing two grains of permanganate in sufficient kaolin ointment, one pill to be taken after meals. In a few cases this dose was doubled. In stating the results obtained he says: "It is evident that in the permanganate of potassium we have a remedy which has a considerable influence upon the function of menstruation when that function is deranged. In the matter of time, it tends to promote the normal periodicity both when the periods are too long and when too soon. It aids in restoring the menstrual flow when suppressed, to increase it when scanty, and to moderate it when in excess. It relieves much of the menstrual suffering, has a direct influence on some forms of ovarian pain and the headaches of menstrual origin. It has a remarkable influence in checking leucorrhœa."

In conclusion, he infers that the direct action of the drug is upon the vaso-motor center, especially those regulating the generative system.

—*British Medical Journal*, July 20.

NUTRITIVE VALUE OF BLOOD.—Dr. William Hunter, in the first of a series of these lectures on Transfusion: its physiology, pathology, and practice, says that the results of the observation of various investigators upon the blood of persons who had been subjected for some time to starvation go far to prove that the blood is not the "nutritive fluid of the tissues" as it has been called, and that "to transfuse blood on account of any nutritive properties it may be supposed to possess is an operation entirely devoid of any physiological basis." From his studies of the behavior of the blood in health and disease, he arrives at the following conclusions:

1. That the blood is in all respects a living tissue of highly specialized structure, adapted for the performance of certain specialized functions—namely, the conveyance of food material, gaseous and solid, to all the tissues of the body.
2. That it possesses, in common with all tissues, the power which this characteristic feature of living tissue—namely, of maintaining a certain physical structure and a certain chemical composition in the presence of the most varying physical condition.
3. That the peculiar fluid nature of its matrix necessitated in its case special arrangements for the regulation of its composition not required by the other tissues.
4. That this mechanism is to be found partly in itself—its white corpuscles and the endothelium of its capillary walls—partly in certain organs in specially close relation to the blood—namely, gastro-intestinal mucous membrane, more especially the follicular tissue around the portal radicles, the spleen, liver, bone-marrow, and lymphatic glands.

—*British Medical Journal*, July 20.

ONE YEAR OF ACETANELIDE.—In a paper entitled One Year of Acetanelide in Pediatric Practice, read before the last meeting of the American Medical Association, Dr. I. N. Love says:

"After more than eighteen months experience in the use of acetanelide for many of the febrile spasmodic and painful disturbances of childhood, a record of its use upon six hundred children kept for purposes of comparison with past experiences with other drugs for similar conditions, I feel justified in arriving at the following conclusions:

"1. Acetanelide, carefully guarded and properly used, is a safe and reliable remedy in the diseases of infancy and childhood.

"2. Whether used for the antipyretic, analgesic, or sedative effect, it is preferable to antipyrin in that the result secured is of longer continuance and the depression is not so great.

"3. The cyanosis which sometimes results from its liberal use is not uniform, and while it is not an agreeable feature, my experience corroborates that of other observers to the effect that it soon passes off and is not accompanied by danger.

"4. It is not desirable in reducing temperature, no matter what means be employed, to use them in excess to the extent of securing sudden and great reduction. Especially is it preferable in using acetanelide for antipyretic purposes to give it in medium doses to the extent of keeping the temperature down to a reasonable point, in the neighborhood of 100° F. It is better to give small doses and repeat them more frequently, rather than large ones at long intervals.

"5. After having used acetanelide during a period of eighteen months, and having administered it to not less than 1000 children, I feel free to say that it is a valuable aid in the treatment of the diseases of children. In no instance have I had occasion to regret its use.

"6. It is of great value as a controller of temperature in the various fevers, whether they be caused by the typhoid germ, malaria, or the exanthemata.

"7. It serves almost as a specific in whooping-cough, not in aborting the disease, as it has a definite course to run, but in mitigating the discomforts and controlling the paroxysms of the same.

"8. Acetanelide, while of great value, and surely safer than antipyrin, is no exception to the rule that obtains with all drugs.

"It should be handled carefully, administered judiciously, and under no circumstances should the public be educated in its use.

"The time has come for the profession to call a halt, and endeavor to check the reckless use of medicines upon the part of the people.

"The secular press, in disseminating information regarding the action of drugs gleaned from medical sources, is to a large degree responsible for the drug-habits of the people; but the medical profession is not blameless in this matter, in that many physicians verbally advise the purchase of many drugs by their patients, and carelessly and thoughtlessly impress them with their harmlessness.

"9. Medicines, which are nothing more than the tools by which the physician hopes to accomplish certain ends, should no more be left in the hands of

an indiscriminating lay-public to use at their pleasure, than should the equipments of a surgeon's office or the accoutrements of a standing army (all intended, if properly used, as a protection to lives of the citizens) be recklessly placed in the hands of children, or those unskilled in their use."

VOLATILE OIL OF CORIANDER.—This substance has been made the subject of experiments by M. Cadéac and M. Meunier, who have reported upon them before the *Société Nationale de Médecine*, of Lyons, at a meeting the proceedings of which are reported in *Lyon Médical*. According to these investigations, the action of coriander is more like that of fennel than like that of anise. Unlike fennel, however, it does not cause convulsions, and the authors do not feel warranted in calling it a carminative. It causes a brief stage of excitement—all the briefer as the dose is larger—followed by blunting of the sensibility, muscular relaxation and inco-ordination, and the stupor of ordinary drunkenness. Its local action is only slightly irritant, and its effects are not materially different whether it is given by the mouth, by inhalation, or by intravenous or subcutaneous injection. It is said to kill the germ of farcy in three days and that of typhoid fever in seventy hours. Meat impregnated with it becomes mummified.

—New York Medical Journal.

In the American *Lancet*, Dr. David Inglis, of Detroit, gives his experience in the treatment of tabes dorsalis by suspension, and concludes thus:

"As far as my own experience, as well as that of other observers goes, a genuine cure of tabes will be attained just as little by this as by any other plan of treatment. But, inasmuch as it is possible to obtain at least a temporary improvement of a considerable number of tormenting symptoms, no objection can be made to the treatment, if applied to proper patients and under proper restrictions.

"Suspension will probably not replace the other modes of treatment of tabes, but will afford a much desired assistance. It will not always relieve, but it enables us to alternate with the other methods for the relief and improvement of the patient's condition."

FRICTION FOR VARICES (Kobert).—

R.—Chloride of barium 1 gr. 5.

Distilled water, q. s.

Lanolin 15 grammes.

Oil of sweet almonds 5 "

Shake mixture to dissolve the barium, and then add lanolin and oil.

M. Sig.—Rub the parts three times daily.

NATURE OF INFANTILE PNEUMONIA.—Dr. Guaita, during observations of ten years, observed 180 cases of pneumonia; of these 180 cases (in children under two years of age) 45 presented all the symptoms of croupous pneumonia.

Croupous pneumonia is, therefore, much more frequent at this early stage than has been generally admitted.

EAU DE COLOGNE DRINKING.—The use of cologne as a substitute for spirits is very common among inebriates; generally when no other form of spirits can be procured. Recently attention has been turned to the rapidly increased consumption of cologne, both in large cities of Europe and this country, and the conclusion reached by several authorities is that cologne is becoming a drink in many circles in preference to other forms of spirits.

In England many women and men in the better walks of life begin by taking a few drops of this perfume on sugar in the morning for some debility. In one instance a wineglass of cologne was taken three or four times a day for a long time; the patient finally died from delirium tremens. It appears that the effects of this drink vary but little from ordinary strong spirits, except, perhaps, there may be more profound nutrient disturbances, insomnia, and tendency to delirium. If the cologne is made from wood spirits, the brain and nerve degeneration is both intense and profound, and delirium is very sure to follow.

It has been asserted that melancholia and insomnia in a case suspected of using spirits in secret is an indication of the use of cologne. Usually the cologne drinker will have a strong odor of this perfume about his body and breath which cannot be mistaken. Such cases usually use this perfume externally in excess to divert suspicion from its internal use. Undoubtedly there are, in this country, an increasing number of cases where cologne is used secretly and exclusively. Obscure and complex nervous disorders in a woman that uses cologne externally should always suggest the possibility of its internal use. Inebriates who use it externally and recover rapidly, or make sudden changes of habits and living, may be suspected of substituting it for other spirits.—*Journal of Inebriety*.

THE GEOGRAPHICAL DISTRIBUTION OF DISEASE IN SOUTHERN INDIA.—In a leading article on this subject, Surgeon-General Bidie has taken a comprehensive view of the ravages of certain diseases in the various districts of British India, and in the course of his paper has proved that there is a marked preference for certain localities evinced by particular diseases, while also the climate of some districts seems to exert a special deleterious effect on particular organs. He also lays great stress upon the influence of the elevation of the land and the character of the subsoil upon the spread of certain diseases, especially of the miasmatic type. The cold weather, he claims, is particularly fatal to the natives, while during the dry, hot months they seem to enjoy a peculiar immunity from disease. Especially is this the case with typhoid fever, from which the natives are remarkably free.

In speaking of fevers of a malarious nature, he dwells upon the active part taken in the dissemination of the poisonous germs by the fogs which prevail at the seashore where ague is most common. The aqueous vapor enveloping the microorganisms is carried by the winds over far-reaching districts, thus bearing the germs to regions which would otherwise escape the disease.

Owing to the repugnance shown by the natives to the introduction of vaccination in the country, small-pox is generally prevalent. Of all the children born in India, probably not more than 16 or 17 per cent. are protected by vaccination. Phthisis also is extremely common, and is abetted in its destructive action by the debilitating influence of the famines which are so common, to which may be added the wearing effect upon the system of the national scourge, syphilis. Beri-beri is mostly to be found on the coast and in low-lying regions, where it attacks preferably the natives, although Europeans are not wholly exempt.—*British Medical Journal*, July 20.

THE CURETTE AND PARALYSIS OF THE UTERUS.—Curetting the uterine cavity is an operation not unpopular with many gynecologists, and, therefore, frequently performed. It is not without danger, and requires several precautions; above all, strict precautions against sepsis. Operators have occasionally noted during the scraping process that the curette seems suddenly to go through into a space, as though it had perforated the uterine wall. Doléris has described this phenomenon, which he has found to arise from total paralysis of the uterus, due to the "minor" operation in question. Dr. Geijl, of Utrecht, confirms this theory, having observed the phenomenon in five cases. He also noted complete paralysis of the vesical walls after removal of two tumors from the bladder, and injection of boracic acid. In the case of the uterus, the curette can be passed back till it strikes against the posterior wall of the uterus, and, on introduction of the finger, the paralysed organ feels not like a flaccid bag, but rather like a distended sac. Fluids and air injected into the uterine cavity under these circumstances apparently resisted the pressure of the abdominal muscles. The question, discussed in the *Archiv für Gynäkologie*, Vol. XXXI part 3, is of high importance, and demands further investigation.

—*British Medical Journal*.

LAXATIVE SALINE MIXTURE.—

R. —Sulphate of soda,
Salt of seignette (tartrate of
soda),
Cream of tartar ãã 20 grammes.
For one pint of water:
M. Sig.—One glassful before breakfast.

TUBERCULOSIS IN SOME OF ITS SURGICAL ASPECTS.—The value of excision as a method of treating tubercular joint disease is the subject of a lecture by Dr. Howard Marsh in a series upon the surgical treatment of tuberculosis. Taking into consideration the comparative results of early and late excision in a number of cases recently tabulated by eminent operators, he concludes that the statistics do not justify early operative procedures. He bases this conclusion upon the fact that systemic infection from the joints is comparatively rare, and that it is possible for the operation itself to precipitate the very result it is intended to prevent.—*British Medical Journal*, July 20.

Medical News and Miscellany.

DR. CHAS. ELAM, of London, has just died.

AN epidemic of typhoid fever is reported at Wilkes-barre.

DR. WALLING has removed to 2005 Arch Street, Philadelphia.

DR. T. RIDGWAY BARKER has removed to 1703 Spruce Street, Philadelphia.

DR. WARDER and family are at the Monmouth House, Spring Lake.

DR. S. WEIR MITCHELL has published a volume of poems entitled "The Cup of Youth."

IN France the doctor's claim on the estate of a deceased patient has precedence of all others.

AN oxalic-producing ferment has been discovered by W. Zopf. He calls it *saccharomyces hansenii*.

THERE are in Japan thirty-one schools of medicine, four of pharmacy and two of veterinary surgery.

NEW ORLEANS is to have underground drainage instead of the old system of surface drainage so long in use.

M. CHEVREUL's successor, as professor of chemistry in the Faculty of Medicine of Paris, is Dr. Armand Gautier.

THE American Rhinological Association will hold its seventh annual meeting at Chicago, Ill., October 9, 10, 11, 1889.

DR. JOSEPH MCFARLAND and Dr T. R. Keefer have been made resident physicians at the Philadelphia Hospital.

DR. D. A. HARRISON, who was elected Superintendent of the Delaware State Insane Asylum, has declined the office.

THE heirs of the late M. Chevreul have presented his library of 10,000 volumes to the Paris Museum of Natural History.

THE next meeting of the Mississippi Valley Medical Association will be held at Evansville, Ind., September 10, 11, 12.

THE AMERICAN MEDICAL PRESS ASSOCIATION cordially welcomes its distinguished associate William Murrell, M.D., F.R.C.P., Lecturer on Pharmacology and Therapeutics in the Westminster Hospital; Examiner in Materia Medica in the University of Edinburgh, and to the Royal College of Physicians of London, etc. Dr. Murrell has just indicated his acceptance of membership, and his name has been duly entered.

ERRATA.—In Dr. Baruch's article entitled "The Technique of Hydrotherapeutics," August 3, line twenty-two, page 328, should read, *from a letter received by the writer from Dr. Chas. Schram*. The quotation ends after the words "in your paper, etc.," line thirty-three.

DR. CHAS. B. NANCREDÉ, of this city, has been elected Professor of Surgery in the University of Michigan, Ann Arbor.

SIR JAMES PAGET BART, Mr. Hutchinson, and Sir William MacCormac have been appointed members of the Standing Committee of the Father Damien Memorial Fund.

I COULD fill a volume with the adulterations which I have found within a few years past in articles of food and drink in common use, by microscopical and chemical analysis.—*Piper*.

DR. MARY W. CASE, of Troy, N. Y., a graduate of the Woman's Medical College of Pennsylvania, died at Lansingburgh from an accidental overdose of a drug taken for heart trouble.

AFTER October 1, Dr. I. Minis Hays will relinquish the editorship of the *Medical News*. Dr. Hobart A. Hare, one of the editors of the *University Medical Magazine*, will assume editorial conduct.

NOTWITHSTANDING favorable reports are still sent out from the Board of Health, there is a great deal of sickness at Johnstown. The doctors are so busy that they cannot attend to calls made upon them.

THE Faculty of the New York Polyclinic has been further increased by the election of Drs. H. Marion Sims and Henry C. Coe as professors of gynecology. Dr. Coe is also appointed surgeon to the Cancer Hospital.

DR. EMANUEL MELHORN, a prominent physician of Adams County, died at his residence at New Chester. He was about sixty-five years old, and graduated at the University of Pennsylvania in 1871.

CHICAGO has an epidemic of typhoid fever, due to impure water. Happy is the town like Philadelphia, where the water can be cut up into blocks with a handsaw and scrubbed with a brush before it is used!
—*Press*.

DR. CHARLES THEODORE, Duke of Bavaria, the philanthropic physician, recently celebrated, at Tegernsee, in Bavaria, his removal of the thousandth cataract from the eyes of his poor patients. It was made the occasion of a great ovation.

SEVEN drops of medicine which Mrs. Richards, of Turtle Creek, bought at a general store, nearly killed her infant. The medicine had been purchased from a Pittsburgh firm which had pasted paregoric labels on bottles filled with laudanum.—*Record*.

THIS has been a hard summer for the city poor. The Board of Health reports that, during the past four weeks, 14,995 tenements, containing 108,597 families, have been canvassed by the corps of visiting doctors, who found 5220 sick persons who had no doctor and no money to pay for one. These they cared for. Last year the total number of sick found in a term of eight weeks was 9625, and the entire number of families visited 211,298. The medical inspection has resulted in the abatement by the doctors of 1382 nuisances. Nearly 6000 tickets for excursions were given.—*Philadelphia Ledger*.

THE Municipal Council of Rome has decided to devote a sum of money to the formation of a Pasteur Institute. Confidence in M. Pasteur's treatment of hydrophobia is said to be increasing in Italy, as is shown by the fact that little by little all the principal towns are providing buildings for the treatment of the disease by inoculation.—*British Medical Journal*.

THE Luzerne County (Pa.) Medical Society held a lengthy session at Wilkesbarre, August 7. There was a large attendance of physicians. The matter under discussion was the typhoid fever epidemic now prevailing in that city. Dr. Woodbury, of Philadelphia, and Dr. Taylor, of the State Board of Health, were the leaders of the discussion.

THE "miraculous berry" of West Africa, the fruit of *Sideroxylon dulciferum*, was lately exhibited to the London Linnean Society. The soft, sweet pulp with which it is covered so affects the nerves of taste that sour substances—even tartaric acid, lime-juice and vinegar—have a flavor of absolute sweetness after it has been eaten. Living plants of this and of *thau-matococcus*, whose fruit possesses similar properties, have been received at Kew Gardens.

PROF. FRESSENIUS, of Wiesbaden, after a long series of chemical analyses, declares that an egg contains as much nourishment as a pound and an ounce of cherries, a pound and a quarter of grapes, a pound and a half of russet apples, two pounds of gooseberries or four pounds of pears, and that 114 pounds of grapes, 127 pounds of russet apples, 192 pounds of pears and 327 pounds of plums are equal in nourishment to 100 pounds of potatoes.

THROUGH the liberality of Lady Kortright, who has so bountifully endowed the Presbyterian Hospital in this city, another institution will shortly come into existence and serve as a monument to her munificence.

The property contains $49\frac{3}{4}$ acres, and the price was \$30,000. The home will practically be an annex to the Presbyterian Hospital, and when completed will pass into the control of the Trustees of that institution.

The location is very picturesque. Its view reaches the Blue Mountain range, and it has superior attraction in the way of trees and water. It is only a half mile from Devon Station, and a Telford road reaches almost to it.

THE Cincinnati doctors have decided that the man Steel has blood poison. He will sue for \$5000 damages. Fildes Weir, the first man experimented on here, whose wonderful cure was telegraphed broadcast, is in bed again. He, too, will sue. Great hard lumps appear where the incisions were made, and he is delirious.

Dr. Longfellow, who made the first experiment, in a published statement, says he has lost faith in the elixir, and that a local paper paid all the expenses of his experiments for first news.

Dr. Langenbeck, the chemist who prepared nine-tenths of all the elixir used, says it is dangerous if used after an hour, and a rank poison after ten hours. The scare amounts to a craze.—*Press*.

DR. JACKSON, of Pittsburgh, who is experimenting with Brown-Séquard's elixir of life, reports that a bald-headed old gentleman whom he injected returned saying he could almost feel the hair starting on top of his head.

G. S. SYMONS, an eminent English meteorologist, has argued in a recent scientific paper, that people in a thunder shower should allow themselves to become thoroughly drenched with the rain, as then it would be impossible for the lightning to kill them.

IN prescribing acetanilide for children, Dr. I. N. Love recommends the following formula :

R.—Acetanilide (Lehn & Fink) gr. xxx.
Alcohol dram. iij.
Glycerin " ij.
Aque cinnamon " iij.
Syr. tolu oz. j.

M. One to three teaspoonfuls every two or three hours.

THE Astley-Cooper prize, amounting to \$1500, will be awarded in 1892. The question proposed is, The Influence of Microorganisms upon Inflammation. The papers must be written in English, or accompanied by an English translation, and should be addressed before January 1, 1892, to Guy's Hospital, London. The prize will not be awarded to two or three working conjointly.

OWING to a reduction in the appropriations, three of the national quarantine stations on the Atlantic coast, one in the Gulf, and two on the Pacific coast, will be closed on October 1. The governmental appropriation amounts to \$50,000, and as this amount is insufficient to maintain all the stations now in operation throughout the year, two only will be kept open, namely, the one at San Francisco and one on the Gulf coast.—*Sanitary News*.

MUMMIFICATION OF THE UMBILICAL CORD.—In the *Liverpool Medico-Chirurgical Journal* for July, 1889, there is an account of an interesting case of the above-mentioned condition by Mr. Frederick W. Towndes, Surgeon to the Liverpool police. At the end of 1885 the body of a fully developed, newly born male child was found in a cellar, with a scarf tied tightly round the neck. The lungs gave evidence that the child had respired. The point of chief importance, however, pertains to the state of the umbilical cord. "For about half an inch from the navel it was perfectly fresh; then came the usual line of demarcation; the remainder of the cord, about two inches and a half, was completely mummified, and there were no appearances of any ligature." We are quite in accord with the opinion of Mr. Lowndes that the state of the cord showed indisputably that the child had survived its birth for "at least twenty-four hours," since the change which had taken place was a vital one, and not the result of mere post-mortem desiccation. We are indebted to Mr. Lowndes for putting this practically unique case on record, if only for the fact that it shows that Casper's deductions from his observations on the value of mummification of the umbilical cord as a means of determining live birth are too general.—*The Lancet*.

THOMAS D. WESTCOTT, M.D., a son of the late Ebenezer Westcott, who was a well-known railroad man, died at his residence in Camden, N. J. The deceased was born at Tuckahoe, Cape May County, in 1838. He was educated at the University at Lewisburg, Pa., and graduated from the Jefferson Medical College. He practised medicine for a number of years at Port Elizabeth, Fairton, and also in Camden. He relinquished the practice of medicine about fifteen years ago.—*Ledger*.

A ROYAL OPHTHALMOLOGIST.—H. R. H. Duke Charles, M.D., of Bavaria, continues in the Bavarian Tyrol the philanthropic practice of ophthalmic surgery, to which he devotes the spring months in the Austrian Tyrol. On the 3d instant, at the Tegern See, he performed with complete success his one-thousandth operation for cataract. For the occasion, which was a festive one, the surgical theatre was decorated with flowers by the sisters of the hospital, of which his Royal Highness is the patron and working president.—*Lancet*, July 13, 1889.

IN regard to medical practice in France the editor of the *British Medical Journal* says:

"Many of the evils which we deplore do not exist in France. The chemist does not compete with the doctor, and the prescribing pharmacist is pursued with the utmost rigor of the law; the sick club is much less developed, the out-patient department is barely a disturbing element; there is only one degree, which requires a preliminary degree in arts, and five to six years' study; the sham dispensary does not exist; yet the struggle for existence is deplorably severe.

OUR elaborate code of by-laws for the suppression of holiday recreations can still be circumvented by the resources of opulence, and the well-known hopelessness of any other expedient has stimulated a race for wealth which does not hesitate to attain its object at any risk of social or sanitary consequences. The number of infants which the superstition of the Ammonites sacrificed to Moloch is a mere trifle compared with the multitude of children now devoted to a far more cruel fate by being literally drugged to death in crowded factories to enable a millionaire to save a few dimes on his weekly pay roll and add a few per cent. to the exorbitant rate of his yearly profits.

In times of general scarcity the market has been drained of its scant supplies by speculators trying to coin gain from the distress of their fellow men and risking, after all, to be foiled by the decay of their hoarded stores or their destruction by fire or flood. Quack nostrums, which not one intelligent man in a hundred would privately hesitate to pronounce infinitely worse than worthless, are sold by shiploads and carloads to disseminate disease and the seeds of the stimulant vice, and the saints who contribute thousands to insure the theological soundness of the Quaggalla Hottentots do not care enough for the physical health of their countrymen to whisper a word against the lawfulness of the infamous traffic.

Popular Science Monthly.

THE "Woman's Cat"—*La Femme-chat*—who has just escaped from the Saltpetriere Hospital, forms a frequent topic of sensational talk and conjecture just now. It appears that last week a good-looking and apparently healthy girl of fifteen was taken to the hospital by her friends. She was examined by Dr. Parinaud, and while he was looking at her eyes she suddenly went on all fours, her features becoming distorted, her eyes glared, and, imitating the mewing of a cat, she endeavored to bite the persons who were standing near her. After having acted for several moments in this manner the patient began to lick her hands, and then gradually returned to her senses. When under examination by Dr. Charcot the girl had another attack of her malady, which is called *galeanthropie hysterique*, and she bit the eminent surgeon severely in the leg. Dr. Charcot had hopes of curing the patient, but she has suddenly disappeared from the Saltpetriere, and is now wandering at large through Paris.—*Paris Letter in London News*.

Army, Navy & Marine Hospital Service.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from August 13, 1889, to August 19, 1889.

HEGER, ANTHONY, Lieutenant-Colonel and Surgeon; SKINNER, JOHN O., Captain and Assistant-Surgeon; MORRILL, JAMES C., Captain and Assistant-Surgeon. Will assemble, by direction of the Secretary of War, as a board of medical officers, at the U. S. Military Academy, West Point, N. Y., on August 25, 1889, or as soon thereafter as practicable, to examine into the physical qualifications of the candidates for admission to the Academy. Par. 9, S. O. 185, A. G. O., August 12, 1889.

GARDNER, WILLIAM H., Major and Surgeon (Washington Barracks). Is hereby granted leave of absence for one month. Par. 1, S. O. 183, Headquarters Division of the Atlantic, Governor's Island, N. Y. City, August 13, 1889.

MATTHEWS, WASHINGTON, Major and Surgeon. Is promoted to Surgeon, with rank of Major, to take effect from the tenth day of July, 1889, *vice* Tonn, promoted. War Department, Washington, D. C., August 14, 1889.

HAVARD, VALERY, Captain and Assistant-Surgeon. Is granted leave of absence for one month, to take effect about October 5, 1889, with permission to apply to Division Headquarters for an extension of one month. Par. 3, S. O. 68, Department Dakota, St. Paul, August 10, 1889.

PORTER, JOSEPH Y., Captain and Assistant-Surgeon (now at Jacksonville, Fla.). Will, if the state of his health will permit, by direction of the Secretary of War, proceed to Jackson Barracks, La., and report to the commanding officer of that post for temporary duty, and by letter to the commanding general, Division of the Atlantic. Par. 16, S. O. 186, A. G. O., August 13, 1889.

Changes in the Medical Corps of the United States Navy for the week ending August 17, 1889.

ROGERS, B. F., Surgeon. Detached from U. S. S. "Alliance," and wait orders.

HARRISON, G. E. H., Surgeon. Ordered to the U. S. S. "Constellation," August 13.

LOWNDES, C. H. T., Assistant-Surgeon. Ordered to the U. S. S. "Constellation," August 13.

DECKER, C. J., Assistant-Surgeon. Detached from U. S. S. "Lancaster," and granted four months' leave of absence.

BALDWIN, L. B., Passed Assistant-Surgeon. Detached from U. S. S. "Ranger," ordered home and wait orders.

HARVEY, H. P., Surgeon. Ordered to the U. S. S. "Ranger."

LOVERING, P. A., Passed Assistant-Surgeon. Ordered to the Receiving-ship "Wabash" at Boston Navy Yard.

SIEGFRIED, C. A., Surgeon. Ordered to the Naval Station at New London, Conn.

Medical Index.

We purpose in this page to give a list each week of the more important and practical articles appearing in the contemporary foreign and domestic medical journals.

- Associated dining rooms and employment of the insane, the moral and curative effects of, Preston. *Virginia Medical Monthly*, August, 1889.
- Acetanilide in pediatric practice, one year of, Love. *N. E. Med. Monthly*, August 15, 1889.
- Aneurism of the ascending aorta, clinical lecture on, Comin-gor. *Virginia Med. Monthly*, August, 1889.
- Apostoli's method, with reports of cases, a year's experience with, Smith. *Amer. Jour. of Obstetrics*, August, 1889.
- Address, the president's, before the American Medical Association, Douson. *N. E. Med. Monthly*, August 15, 1889.
- Consumption among the Sioux Indians, Treon. *Cincinnati Lancet-Clinic*, August 10, 1889.
- Cocaine in eye, ear and throat practice, Dobney. *American Practitioner and News*, August 3, 1889.
- Creasote, a practical study of, Atkinson. *Maryland Med. Jour.*, August 10, 1889.
- Chirurgische aphorismen, Lange. *Medicinische Monatschrift*, August, 1889.
- Diphtherie traités par la méthode du Dr. Gaucher, au sujet de plusieurs cas de, Crésantignes. *La France Médicale*, Samedi, 3 Août, 1889.
- Diphtheritic membrane, a solvent for, Wile. *N. E. Med. Monthly*, August 15, 1889.
- Ectopic pregnancy and pelvic hematocoele, Wathen. *Amer. Jour. of Obstetrics*, August, 1889.
- Extra uterine pregnancy, Thompson. *Ibid.*
- Gangrene gazeuse foudroyante, Montgomery. *Pacific Med. Jour.*, August, 1889.
- Gaseous gangrene, Sherman. *Ibid.*
- Hydrocephalic monster with cerebellum enormously developed outside the cranial cavity, Leonard. *Amer. Jour. of Obstetrics*, August, 1889.
- Heart disease, a new diuretic for, Germain Sée. *The Medical Age*, August 10, 1889.
- Intestinal diseases of children during hot weather, Hooper. *Ibid.*
- Infant feeding, the problem of, Love. *N. E. Med. Monthly*, August 15, 1889.
- Inebriety, distinctive forms of, Wright. *Virginia Med. Monthly*, August, 1889.
- Insanity and allied affections, Hodgdon. *Maryland Med. Jour.*, August 10, 1889.
- Malpractice suits, Ellinwood. *Pacific Med. Jour.*, August, 1889.
- Metrorrhagia, report of a case of, Stapleford. *Cincinnati Lancet-Clinic*, August 10, 1889.
- Manchester murder, homicidal chloral poisoning with its medico-legal relations, Reynolds. *British Med. Jour.*, August 3, 1889.
- Obstetrics, a peculiar case of, Brown. *Pacific Med. Jour.*, August, 1889.
- Old bilateral dislocation of the elbow, Ronschoff. *Cincinnati Lancet-Clinic*, August 10, 1889.
- Priapism, a case of, of several years, Ducatur. *Pacific Med. Jour.*, August, 1889.
- Presidential address on the history and work of a cottage hospital during twenty years, Holden. *British Med. Jour.*, August 3, 1889.
- Paroxysmal, congestive, hepatic, hæmaturia, Gary. *Virginia Med. Monthly*, August, 1889.
- Suspension for paralysis, Kellogg. *Pacific Med. Jour.*, August, 1889.
- Selenic acid and other selenium compounds, researches in the chemistry of, Cameron and Macollon. *Dublin Jour. of Med. Science*, August, 1889.
- Spina-bifida with spinal meningocele delaying delivery, De Forrest. *N. E. Med. Monthly*, August 15, 1889.
- Sanitary Science, aids to. *Hospital Gazette*, August 10, 1889.
- Structure of the vertebrate liver, report on the (abstract), Shore and Jones. *British Med. Jour.*, August 3, 1889.
- Surgery of the abdomen, a contribution to the, McArdle. *Dublin Jour. of Med. Science*, August, 1889.
- Therapie der hysteric und neurasthenie, Laufenaue. *Int. klin. Rundschau*, Vienna, July 21, 1889.
- Two ovariectomies, Smith. *Pacific Med. Jour.*, August, 1889.
- Transfusion, summary of three lectures on, Hunter. *British Med. Jour.*, August 3, 1889.
- Traumatic aneurism of the femoral artery following gunshot wounds, Bressler. *Maryland Medical Journal*, August 17, 1889.
- Tuberculosis in some of its surgical aspects, abstract of three lectures on, Marsh. *Ibid.*
- Typhus and typhoid fevers, a mixed case of, Nixon. *Dublin Jour. of Med. Science*, August 1, 1889.
- Two laparotomies with comments, Michael. *Virginia Med. Monthly*, August, 1889.
- Testicles of animals, note on the effects produced on man by subcutaneous injections of a liquid obtained from the, Brown-Séquard. *Lancet*, July 20, 1889.
- Traitement de l'endométrite par les crayons au chlorure de zinc, Dumont et Ollier. *Gazette de Gynécologie*, Juillet, 1889.
- Ueber bursitis luetica, Buechler. *Medicinische Monatschrift*, August, 1889.
- die behandlung des acuten und subacuten gelenksrheumatismus, Weber. *Ibid.*
- die anwendung der cocain anæsthesie bei der blasensteinertruemmerung, Freudenberg. *Berl. klin. Woch.*, July 22, 1889.
- magenenerweiterung, Oser. *Int. klin. Rundschau*, No. 29, Vienna, July 21, 1889.
- ein fall von retroperitonealem abscess, nebst bemerkungen zur therapie der pleura empyeme, Leyde. *Berl. klin. Woch.*, July 22, 1889.
- papaya, Fleisch-pepton, Rueger. *Ibid.*
- die anwendung der cocain-anæsthesie bei der blasensteinertruemmerung, Freudenberg. *Ibid.*
- einen fall von myocarcinom des uterus, Liefman. *Archiv. für Pathologische Anatomie und Physiologie und für klinische Medizin*, 1 Juli, 1889.
- die regeneration des schilddrüsen gewebes, Reffut. *Ibid.*
- Uniform system for collecting vital statistics by the States, the necessity for, Schultz. *Amer. Practitioner and News*, August 3, 1889.
- Un petit chapitre oublié de physiologie, Dumenil. *La Normandie Med.*, August 1, 1889.
- Unusual eruptions, concerning some, Allen. *Med. Record*, August 3, 1889.
- Urethral stricture of large caliber, the diagnosis of, Stewart. *Ibid.*
- Vaginal hernia and uterine fibroids with delusions of pregnancy, Wise. *American Journal of Insanity*, July, 1889.
- Vaginalepithel und vaginaldrüsen, Veith. *Ibid.*
- Weil's disease, notes of a case of, Miller. *Brit. Med. Jour.*, July 6, 1889.
- Winter malarial and hybrid typhoid fever, Greenley. *Ibid.*
- Women, dipsomania in, Decaisne. *Quar. Jour. of Inebriety*, July, 1889.
- Yellow fever, the diagnosis of early cases of, Cochran. *Alabama Med. and Surg. Age*, July, 1889.
- Zur kenntniss der pharynx divertikel des menschen mit besonderer berücksichtigung der diver tikelbildungen im naseurachemaum, Kostanecki. *Archiv. für Pathologische Anatomie und für klinische Medizin*, 1 Juli, 1889.
- Zur Heilung von alten Löchern im Trommelfelle, Fürst. *Wiener Medizinische Blätter*, 14 Juli, 1889.
- Zur therapeutischen verwendung des hydracetin gegen psoriasis, Oestricher. *Berliner klinische Wochenschrift*, 15 Juli, 1889.
- Zu Soxhlet's milch-koch apparat, Israel. *Ibid.*

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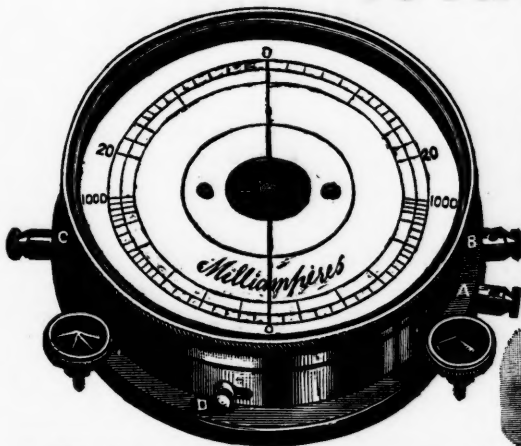
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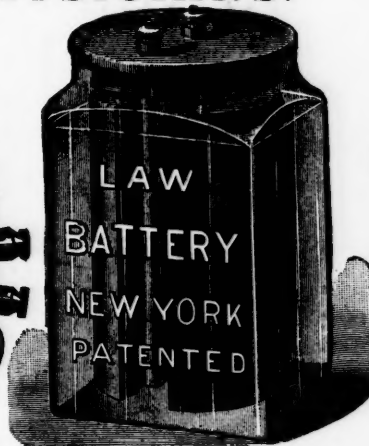


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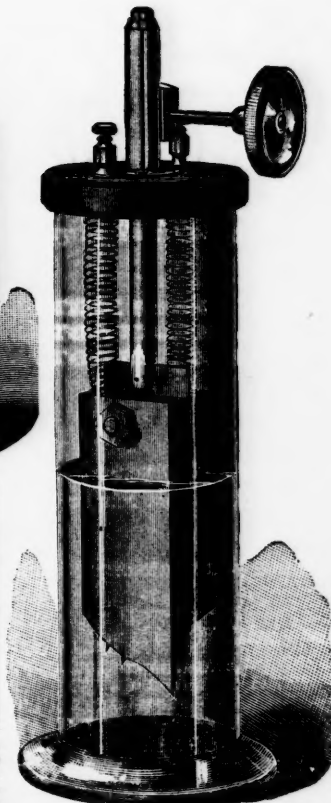


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Notes and Items.

GONORRHOEA.—Robert S. Anderson, M.D., Spenny-moor, England, says: I have found your S. H. Kennedy's Extract of *Pinus Canadensis* of great service as an injection, in cases of gonorrhoea.

HAD A GOOD CLAIM.—"So Snitkins is dead," remarked De Cloot to Ellick.

"Yes; he died of Bright's disease, didn't he?"

"I don't know whether it was Bright's or not. Snitkins seemed to have as good a claim on it as anybody."—*Washington Capital*.

YOUNG MAN (dangling from Ninth Street car strap, to fair maid seated): "They say this elixir of life is made out of rabbits."

Fair Maid (eager to be thought contemporary): "Well, now, I shouldn't wonder if there's something in it; I've always heard that Welsh rabbits were very rich for the blood."

A SUCCESSFUL dramatic entertainment was given in the Casino, at Elberon, August 9, in aid of the Medico-Chirurgical Hospital of Philadelphia. It is said to have been one of the most pleasing and important entertainments given on the Jersey coast this season. After the amateur theatricals, in which some well-known Philadelphians took part, music and conversation closed the evening's programme.

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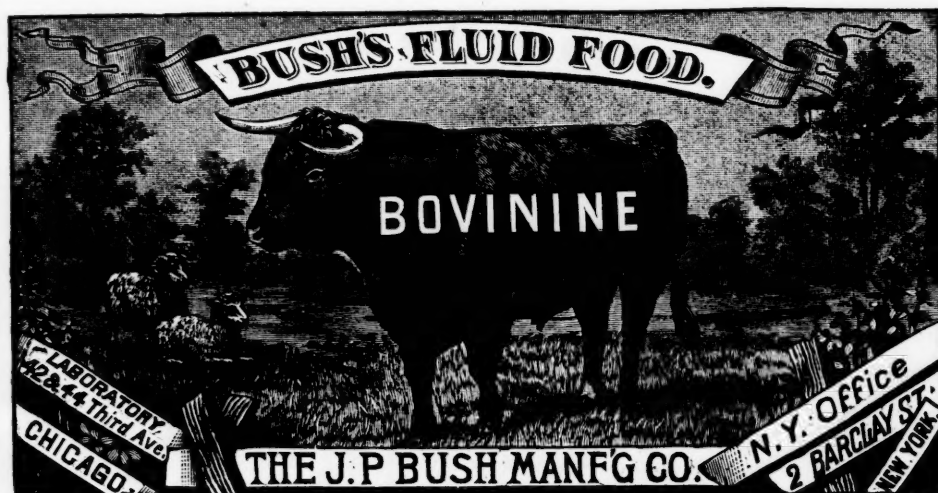
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